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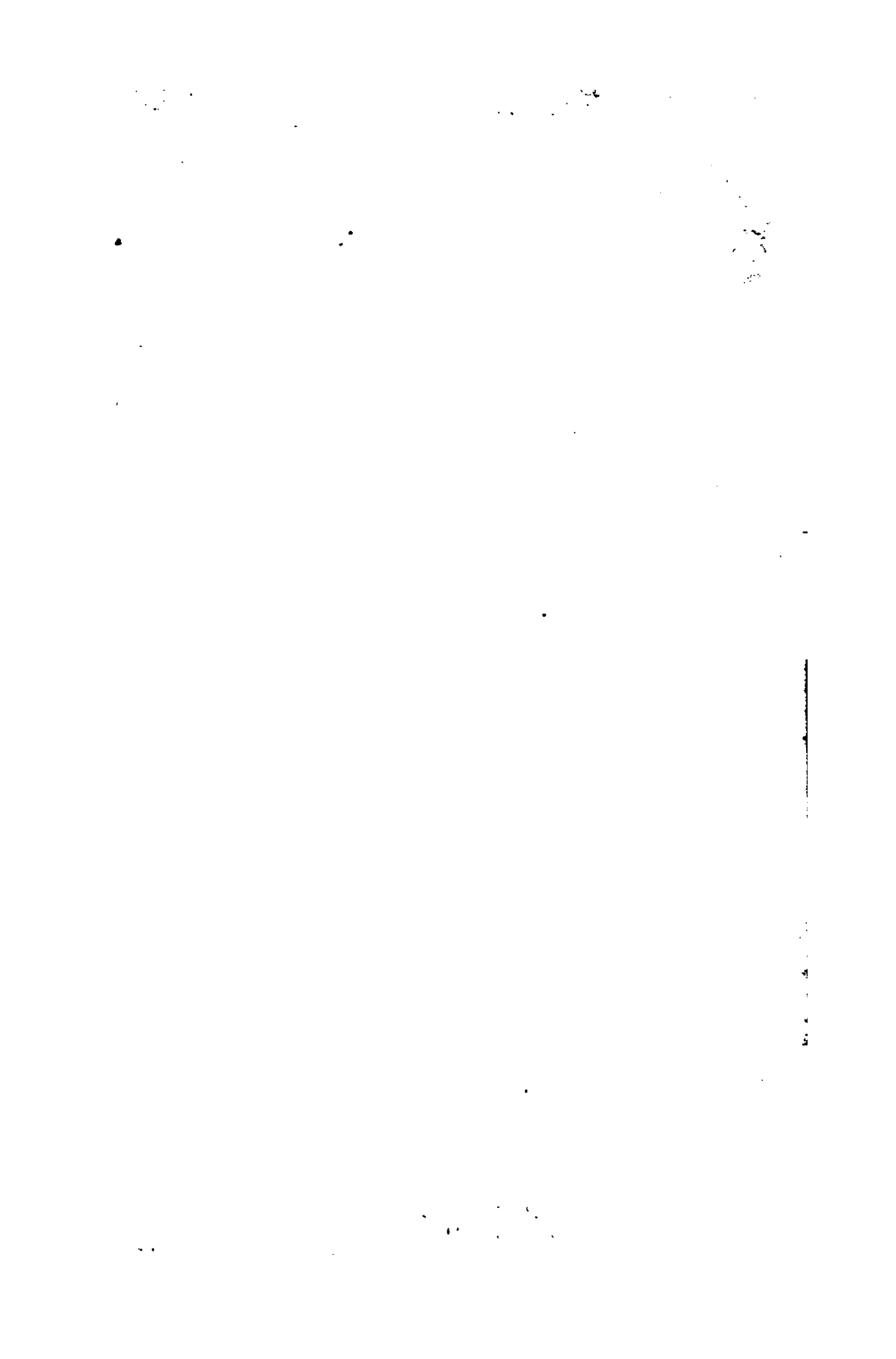
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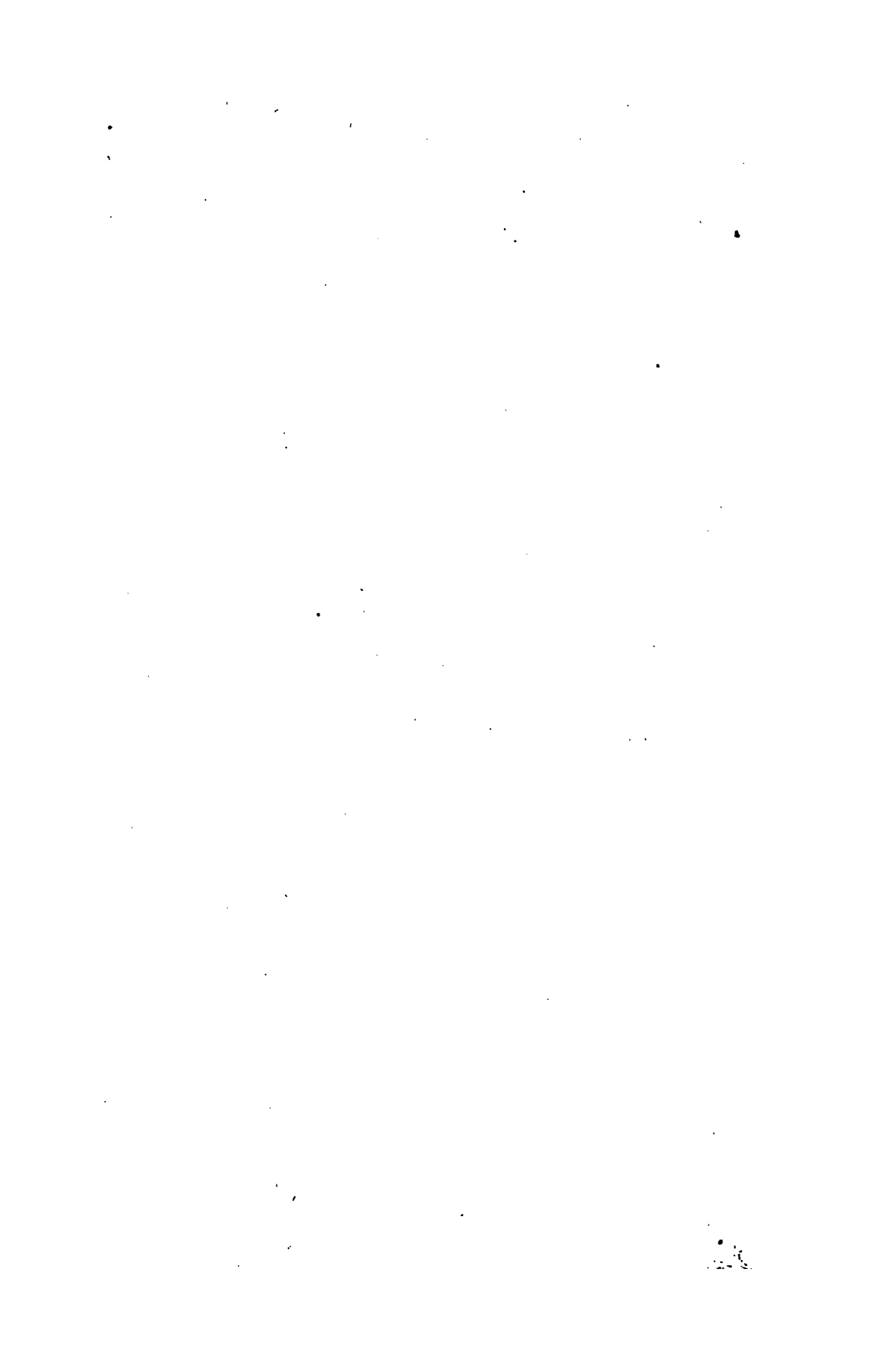
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THE

C. L. Flint

BUFFALO

MEDICAL JOURNAL.

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EDITED BY

AUSTIN FLINT, M. D.

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INDEX TO VOLUME FIRST.

Medical Remembrancer, - - -	167	Surgery, operative elements of by	
Medical Legislation, - - -	137, 168	Velpeau and Mott, - - -	46
Medical reform in England, - - -	69	Surgery, principles of by Miller, - - -	46
Medical reform, - - -	212, 229, 249	Surgery, first lines by Cooper and	
Medical University, - - -	215	Parker, - - -	47
Medical Schools, - - -	70, 117	Sanitary condition of New-York, by	
Medicines, Spurious - - -	232	Griscom, - - -	67
New-York Journal of Medicine, - - -	19	Spencer, Thomas M. D., on Vital	
New-York State Medical Society,		Chemistry, - - -	71
transactions of 1845, - - -	43	Surgeon, General's Circular, - - -	71
Needle in the heart of a Cow, - - -	177	Strabismus, Monograph by Prof. Ham-	
Nipple, artificial, Pratt's - - -	192	ilton, - - -	167
National Convention, - - -	120	Surgical cases, by Prof. Hamilton, - - -	244
National appointment of Delegates		Surgical, by B. F. Hastings, M. D. - - -	248
by State Society, - - -	237	Seminal Emissions, Involuntary, treat-	
National, action of State Society		ment of - - -	275
upon - - -	253	Syphilis Tertiary, Prof. Parker's Clin-	
Needle, extraction of from hand, - - -	215	ique, - - -	276
Oxalic Acid in Pie-plant, - - -	19	Treat, Wm. M. D., on Local Irrita-	
Oedema of Glottis, case of, by J. P.		tion, - - -	60
White, M. D. - - -	30	Treat, on Medical Quackery, - - -	173
Ova, periodic discharge of - - -	60	Twins, cases of at different stages of	
Okee-Chobee, battle wounded at,		development, H. N. Loomis, M. D. - - -	15
report of, by R. C. Wood, M. D. - - -	80	Transcendental Anatomy, - - -	17
U. S. Army, - - -	80	Trowbridge, Josiah M. D., Address	
Pleuro-pneumonitis, case of by Lieut.		before Buffalo Med. Association, - - -	88
Long, M. D. and Editor, - - -	32	Trowbridge on Turpeth Mineral in	
Pie-plant, analysis of by Lieut. Long,		Croup, - - -	270
M. D. - - -	37	Typhoid Fever, case by G. N. Bur-	
Pathology, treatise by Grisolle, - - -	95	well, M. D. - - -	156
Pthisis in New-Orleans, - - -	96	Trephining Operation, by Prof. Brain-	
Placenta, delivery of before the child		nard, - - -	168
in placenta-prævia, - - -	114	Transactions, College of Physicians,	
Physicians in Buffalo, - - -	162	Philadelphia, - - -	187
Placenta-prævia, case of treated on		Transactions of State Medical Socie-	
Prof. Simpson's method, - - -	166	ty 1845, - - -	43
Petrified human body, - - -	192	Tonsils, Hemorrhage after excision,	
Phrenology, Lectureship on - - -	283	mode of arresting, by Prof. Hamil-	
Physicians in London, - - -	283	ton, - - -	277
Paine's, Prof. defence of Medical		Test for Bile and Sugar, - - -	282
Profession, - - -	278	Uterus, Extraction of in an effort to	
Quinia in Typhoid and all other		remove Placenta, - - -	39
Fevers, - - -	66	Venereal Diseases, by Ricord, 204, 218	
Quinia in Chlorosis and other anæ-		Velpeau's Surgery, - - -	277
mic states, - - -	277	Van Pelt, Wm. M. D., on Epidemic	
Quackery, Medical by Wm. Treat,		Erysipelas, - - -	193
M. D. - - -	173	Vaccination after exposure to Small-	
Rheumatism, acute cases of treated		Pox, - - -	281
with Nitras Potassæ, by Alden S.		White, James P., M. D., case of	
Sprague, M. D. - - -	8	Œdema of Glottis, - - -	130
Reform, Medical - - -	212, 229, 249	White, case of Cystotomia, - - -	04
Rush Medical College, - - -	70	White, Rupture of Ovarian Sac, - - -	151
Richardson, Dr. Wm. H. Obituary, 119		Willoughby Medical College, appoint-	
Reports of sick at Buffalo Barracks, 126		ment in - - -	71
Ricord on Venereal diseases, - - -	204, 218	Wood, R. C. M. D., U. S. Army,	
Ranking's Abstract, - - -	280	report of wounded at the battle of	
Sprague, Alden S. M. D., cases acute		Okee-Chobee, - - -	80
Rheumatism, - - -	8	Wakefulness, protracted - - -	96
Sprague, case Lithotomy, - - -	34	Water Cure by Sir E. L. Bulwer, 183	
Sprague, case Fracture of Skull, - - -	108	Waterman, Wm. B. and State of	
Sprague, case Omental Hernia, - - -	153	New-York, - - -	190
Suicide, singular attempt at by a Lu-		Works of Hippocrates and Galen, 214	
natic, - - -	36		

BUFFALO MEDICAL JOURNAL

V. 1.

JUNE 1, 1845.

No. 1.

INTRODUCTORY.

On the occasion of introducing to the Medical Public the first number of a new Journal, it will be expected of the Editor to give some reasons for its appearance, and to premise some account of the objects to which it will be devoted.

With regard to the first, we have only to offer the conclusion, which has been formed, after due reflection, that a Medical Journal, if it commend itself to the approval, and interest of those to whom it will address itself for encouragement and support, may be satisfactorily sustained, and in various points of view, become subservient to useful ends. We might be somewhat distrustful of this conclusion, if it were peculiar to ourselves; but it is also entertained by several professional brethren, who have felt sufficient confidence in its correctness, to unite in originating this undertaking, and pledge themselves to secure a fair trial of its practicability.

It will readily be acknowledged, that for the more voluminous and elaborate Journals, in medical as in other departments of knowledge, we must look to the larger cities, where the elements and facilities for their preparation and diffusion, are to be found in the greatest abundance. But without any derogation from the superior claims of these, there are many reasons why they do not, and cannot accomplish all the objects to be derived from periodical literature. Of these reasons, we may hereafter, take occasion to speak more particularly, and to discuss their respective merits. But assuming, for the present, their existence, and validity, it has seemed to ourselves and others, that Buffalo, is in many respects, a desirable location for a Medical Journal. This opinion is based on its present and prospective size and resources; its relations with the east and west, through canals and rail-roads on the one hand, and the chain of the great Lakes, with their numerous tributaries, on the other. It is believed that sufficient material to commence an enterprise of this kind, may be derived from sources which will be constantly increasing and improving; and that a Medical Journal may do much, not only toward making available the material which already exists, but to render its future availability and improvement commensurate with its increase. By means of facilities for rapid and extensive communications on every side, our location is peculiarly favorable for the collection and diffusion of facts from a wide circuit, and the interchange of views and opinions among members of the profession, not only in this section of country, but situated at points remotely distant from each other.

We have also, in this project, ventured to act upon the belief, (and we hope it may be expressed without undue presumption,) that the Medical Fraternity, whose interest and assistance will be especially solicited, are not deficient in the ability, or the disposition to contribute their proportion of effort for the advancement of the legitimate ends and interests of our common Science.

With these views, the Journal is commenced. As before intimated, its continuance is secured for a sufficient period, to provide a practical test of its feasibility and utility. The result of the experiment will determine whether it is to be abandoned as a premature or misplaced project; or, on the other hand, whether it is to be continued on a larger scale.

In conducting the Journal, we shall in the first place, devote as much space as practicable to original communications. Cases are constantly occurring under the observation of practical men, which are interesting from their novelty, and which contribute either to develop or confirm important truth. We shall be glad to receive reports of such cases, and communicate them for the benefit of the whole profession. A great number of useful thoughts and ideas, originate in the minds of observing and reflecting Practitioners, which it is desirable to throw into the crucible of Medical literature, there to produce results according to their intrinsic value. We offer our Journal as a medium of communication, in this respect between the minds of individuals, and the common mind of the profession. Of particular points of Medical science, upon which we may especially desire to collect information, we shall take occasion to speak from time to time, as they may suggest themselves: But in general terms, the first object will be to gather up from different sources important matter, much of which would otherwise be lost, adding it to the common stock of knowledge, and, thereby contributing to the progress of Medical Science.

In the second place, we shall endeavour to supply to those who may become our Patrons, condensed intelligence of discoveries, improvements and new views in Medicine, Surgery, and collateral branches of science, which may be communicated to the profession in this country or abroad, through periodicals and books. We shall have access to several of the most prominent Journals, Domestic and Foreign, and shall avail ourselves of their contents, for the benefit of our readers. In doing this, we shall not undertake to conflict with their individual claims to the esteem and patronage of the profession, still less, in any measure, to supersede the importance of resorting to them more directly as sources of valuable information. So far from this, we shall strive to promote their circulation, by endeavouring to diffuse a more general appreciation of their value.

Our pages will be open to interchange of opinions, and free discussion, not only of subjects strictly belonging to Medical Science—but of any involved in the progress, or interests of the Medical profession. Medical Education, Medical Legislation, Quackery, Medical Ethics, and the various plans of Medical reform, are among the Subjects, which at the present time, furnish questions of interest and moment, both as regards the profession and the Public. We shall be desirous of appropriating to articles upon these topics, as much space as our limits will allow, and to afford an opportunity for the expression of different views and opinions, without restraint, excepting by the rules of decorum and propriety.

We would add that the Journal is pledged to no interests apart from those which relate exclusively to the progress of Medical Science, and the advancement of the Medical profession. It is not instituted for any sectional objects, or partizan views; but to serve as an organ for the impartial and untrammelled utterance of opinion on any matters pertaining directly or indirectly to its professed objects.

In conclusion, the Editor desires to say, in his own behalf, that he looks for the means of success in this undertaking, not to his own exertions, so much as to the assistance which he expects to receive from others; he enters upon the duty, however, with a determination to do what he can personally to contribute to its success, and is stimulated with the hope that this will be such as to authorize, ere long the enlargement of the Journal, so that he may be able to render it much more acceptable and useful than is compatible with its present restricted limits.

Buffalo, June 1st, 1845.

Notes of an European Tour.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Prof. of Surgery in Geneva Medical College.

We are happy to inform our readers that Prof. HAMILTON will contribute regularly to our pages, and that the following is the first of a series of communications, giving an account of such incidents and observations pertaining to his European tour, as will be interesting to the profession. The series may be expected to extend, at least, over the numbers of the Journal for the current year. We think an apology for the non-medical character of the first number, is quite gratuitous. Our readers, we are sure, will not be so hyper-critical as to insist that our friend should write nothing but what is redolent of medicine; but will be well pleased to accompany him on his route to Paris, before entering upon topics of a more professional character.—*Editor.*

DR. FLINT—*Dear Sir*—The object of my tour made last year, some notes of which, originally addressed to a friend, I propose to give you, was to visit the Medical Colleges, and the various Hospitals of Europe; and, also, to collect Anatomical, Surgical and Pathological specimens for our College Museum. I journeyed, therefore, through England, Ireland and Scotland; France, Belgium, Holland, Germany, Switzerland, Italy and Sicily; visiting, everywhere, the principal Hospitals, Museums, &c. I have commenced with France, because my tour of the British Isles, having been made at two separate dates, I thought to give it you entire, at the last. You have requested me to preserve the integrity of my notes, even at the hazard of introducing some links which are not Medical, that the whole may serve as a sort of "Guide book of Travel," to such of your readers as may wish to visit Europe for a similar purpose. But how much of Medicine or Surgery can one find between Boulogne and Paris? Yet I trow, the English valetudinarian, suddenly transferred from an English coach and roads, to a French diligence and French roads, might find much of both—but a man whose bones will hold together upon a Western "corduroy," has little to fear from the square stone blocks of a Continental turnpike.

Yours, truly,

Buffalo, May 12, 1845.

F. H. HAMILTON.

DEAR M——, I was weary of the smoke and noise of London ; and I thought it best to hasten my southern tour, lest I should find the season too far advanced for either comfort or health. Accordingly, on Wednesday I packed and came on board the steamboat "Harlequin," for Boulogne. The steamer did not leave until Thursday morning, but at so early an hour—3 o'clock—that passengers were obliged to be on board at night. In the morning, when I went on deck, we were some fifty miles from London, under a most lovely sky, and were making about twelve miles an hour. The Thames had now opened into a broad frith, and at short distances along its banks were beautiful country villas, occupied mostly by the nobility and gentry of London, during the warm season. On the right we passed "Reculvers" or the "Two Sisters;" two towers with turrets, rising from the brow of a lofty cliff. They are the remains of an ancient stone Church, the main building having long since fallen away from the encroachments of the sea. Next, we passed Margate, standing upon the same line of bold, chalky cliffs. Farther on, is Ramsgate and Deal, the latter defended by a strong castle, near which, and extending several miles, are the Downs, filled with vessels from all nations, at anchor, waiting for the tide. We were now fairly within the Straits of Dover, and our course lay close under the old Castle of Dover, which, as seen from the vessel, seemed impregnable ; no less so indeed, than the cragged rocks from which it arose, and of which it might be but a part. It was here poor blind Gloster would have ceased his miseries.

GLO.—"Dost thou know Dover?"

EDG.—"Ay, Master "

GLO.—"There is a cliff, whose high and bending head,
Looks fearfully in the confined deep;
Bring me but to the very brim of it."

A light fog was resting upon the eastern coast, and Calais could not be seen; yet, the mate told me, that on a clear day it was always visible, the distance being 24 miles. We were now 36 miles from Boulogne, and I have never seen the ocean so perfectly quiet as in the whole remainder of my passage. I had been told the channel was generally rough, but it was to-day scarcely moved by a ripple.

At Boulogne-sur-mer, we entered a small harbor, made by the extension of two substantial piers into the channel, and at 2 o'clock P. M. I first placed my foot upon the continent of Europe. The Custom House was close upon the wharf, and after delivering my passport, answering to my name, age and residence, and uncovering my head to enable the officer to sketch my portrait, I was permitted to pass. The diligence for Paris did not leave until 4, which gave me a little time to "look about." If, on landing at Liverpool, everything had seemed new and strange, here everything seemed more new, and more strange. Curious old buildings, with streets, narrow, and without sidewalks, and with names all in keeping—such as *La Rue tant perd tant paie*, or, as I translate it, *The street in which you will loose all you pay*—*La Rue du Puits d'Amour*—*Street of the Sources of Love*, &c. Everywhere, the women were running about the streets, without bonnets, with only neat, pretty caps over their neat, pretty faces, and chattering like jackdaws. Understand them ! Perfectly: not that I am a scholar in French, yet they were so animated—their

eyes sparkled so brightly—and their faces were so illumined when they laughed, and they laughed constantly—that, like one mesmerised, I could see and read all they thought. There is no language like the language of expression! It is the only universal language, and the French are its only masters. It is, perhaps, a curious phenomenon, that then, for the first time in my life, among a people of a strange world, strange manners, and strange tongue, I yet felt more at home than at any time since I had left America. If one would love the French, let him first go to England. They are antipodes——In France, every man, woman and child, old and young, soldier, priest and peasant, wherever or whenever you meet them, seem to give you a welcome—a sunny welcome, which you recognize before they speak, and which warms and attracts you insensibly. Have Physiologists ever determined, what influence a damp and chilling air, like that of England, may have upon the character of a people?

Having, on my first arrival, given my keys to a “commissionaire,” with orders to attend to passport, luggage, &c. I found, on returning to the “Post,” that all was ready. The luggage had been examined, but no charge made for foreign books, as at Liverpool. A “provisional” passport was given to me in place of the original: this was to serve me to Paris, at which place it is restored upon the presentation of the “provisional” at the proper office.

That you may know “how changed” I am, I will read you my portrait, as given in my new passport. “*Age****. Taille d'un metre, centimetres 70. Cheveu, brun. Front, ardent. Sourcils, brun. Yeaux, brun—nez, moyen. Bouche, moyen. Barbe, brun. Menton, rond. Visage, ovale*” (getting fat you see.) “*Teinte, ardent.*”

At four I was mounted in the “Banquette” of a “Diligence.” How shall I describe to you this curious vehicle! Imagine a prodigious omnibus, the roof, by full two feet, wider than the floor; a large, calash, carriage top, placed above and in front; with all the space behind the calash, and above the coach, filled with baggage for 16 or more, covered with a large oilcloth; and the whole of this unseemly bulk, placed upon four, heavy, lumber wheels—and you have some notion of a “Diligence.”—There are four classes of seats, the coupe, interieur and rotonde, being the three divisions of the body of the Diligence; while the banquette, is above and back of the driver, under the calashe—the cheapest and the best seat in pleasant weather, being airy and out of the dust, and affording the best opportunity to see the country. Six horses, in the most primitive harness, three in each set of traces, is the usual number; but, occasionally, on ascending a hill, one or two more are added. The “Conductor,” a very civil fellow, in a livery of a blue cap and corded roundabout, sits in the banquette, and the driver in front. A Normandy driver would amuse you; he is never idle, but urges, curses and goads his lumbering horses without cessation, and you will hear every now and then his favorite oath, “sacra, sacra, nomme de Dieu.” The roads, all the way from Boulogne to Paris, are wide, level, and paved in the centre with square blocks of stone. In all these old countries, public highways are broad, and well made; but the streets of cities and villages, are narrow and inconvenient. The highways are the property of the government, and the horses belong to the Postmasters, who buy their appointment from the Government. Independent companies own the Dilligences, and must hire their

horses from the Postmasters, the number at each Post being regulated by law. In this part of France, the horses are remarkably strong and heavy, but seldom possess speed. An opposition is now running on this same route, and as by law no Diligence can pass another except at a "Post," while horses are changing, the great struggle is at these points. The horses are changed by half a dozen or more men, women and boys, with extraordinary dispatch. I could no more than dismount from my roost, before I would hear the conductor, "montez, Monsieur, montez," and off we went again like a shot, rattling and tumbling, and thundering over the stones, the driver shouting, and cracking the long gad, sometimes, both driver and conductor, plying at the same time. Then the beggars! at every hill where our pace was a little slackened, were boys and girls, old men and old women, seldom looking poor, or dirty, or ragged, but French beggars, healthy, rosy faced and neat, with pretty bouquets in their hands, crying, in the most musical, plaintive tones, "charite, si vous plais, monsieur, oh! charite, si vous plais," laughing while they cried.

The whole country from Boulogne to Paris, is beautifully undulating, and covered with fields of wheat, rye, oats, trefoil, corn, potatoes, and rape; the oil, extracted from the seeds of which, is here in great use. Beets, are also raised in great abundance, for the manufacture of sugar. No fences are seen, except, rarely a hedge, or a plastered wall. Female peasants are here and there, some feeding their cattle by the roadside, keeping them from the improved fields by long ropes attached to their horns, or, patiently, attending their small flock of sheep, assisted by the faithful dogs, who, with an almost instinctive intelligence, restrain them from the least encroachment upon the great man's demesne.

A few miles from Boulogne we passed the dirty hamlet of "Pontbrique," near which Napoleon reviewed his troops when preparing to invade England. The house in which he was quartered is still shown. It was night when we entered Montrieul, an old walled and strongly fortified city, built upon a rocky eminence, surrounded by an artificial ditch, and an extensive, marshy plain. As we approached, the moon was shining full upon its heavy battlements, and its irregular pile of towers and stone buildings, which rose high above the line of the outer walls. We awoke the sleeping guard at the drawbridge and entering through a massive gateway, wound up a long and rather steep ascent, and through narrow streets, to the Post. Montrieul, being a frontier town, has often sustained severe and protracted sieges, and it is considered by the present king a very important military post.

A little beyond Montrieul we passed the forest of Crecy, where was fought, in 1346, the famous battle between the English and French, in which Edward, the Black Prince, then but a boy, greatly distinguished himself, and in which the force of the English as compared with the French, was as 1 to 8. This was the first considerable affair in which artillery was used; the English having in their possession a few ill-constructed cannon. From this battle, therefore, we may date those great revolutions in the art of war, which the employment of firearms has made; and, I doubt not, to a large extent, we may trace from hence the great improvements in the art of Surgery, to which war has always been subservient, and to which our Army Surgeons, during the last few centuries, have furnished such ample contributions. But few of the English fell at Crecy, but, of the opposing forces, on this and the succeeding day, nearly 60,000 were slaughtered, including 2 kings, 11 princes, and 100 nobles.

Abbeville, about 50 miles from Boulogne, situated upon the Somme, we passed in the night; and, more asleep than awake, I only remember entering through its gloomy walls, and rattling through narrow streets, lighted with, here and there, at long intervals, a lamp suspended over the middle of the way by a wire stretched across; and that the lights grew more and more dim, and the quaint old houses less and less distinct. When I awoke it was broad day light, and the old town of Abbeville was far behind us.

Passing through many smaller towns we reached Beauvais about 9 o'clock. This town, situated on a small stream, the Therain, is celebrated as having been successfully defended in 1472 against 80,000 troops under "Charles the terrible," by the women of the place headed by Jeanne Hachette. An annual procession, headed by the women, still takes place in honor of their intrepid leader. Soon after passing Beauvais, we began to see vineyards, this being lat. 49½, their utmost northern limit for France.

The last considerable town, before we reached St. Dennis, was Beaumont, upon the Therain. It presents nothing of interest. But shortly after leaving Beaumont, the conductor pointed to a chateau, on a hill, to the left, as that which belonged to the late Prince Bourbon Conde. The Prince had for many years lived here with the wife of the Baron de Feucheres, formerly Sophia Dawes, but not many years since he came to a sudden and mysterious death. Before his death he had bequeathed this estate to one of the younger sons of Louis Phillippe. The Baronness, herself, is since dead.

Beggars now began to multiply, indicating our approach to the great metropolis of wealth and luxury. Really diseased, lame, wretched and piteous looking beggars—such as I had seen about London and Liverpool; and such as you may see everywhere, where kings and princes congregate—who suck up the wealth of the people like a sponge, and drain off even the sources of life and health. By an ordinance of the city of Paris, they are forbidden to beg within the city limits, because—they obstruct the doorways of palaces, and stand outside the gates of royal pleasure grounds! They mar the white garments of the Priests at the entrance of the churches, and disturb by their prayers the prayers of the rich! Their sightless eyeballs and their leprous limbs, are exposed at the corners, and they rest their profane and ungodly deformities against the sculptured marble, and sadly blot the beauties of nature and art! they awake disagreeable associations and unpleasant sympathies, and thus often contrive to levy a monstrous and unjust tax upon those who have robbed them! Was ever a nation and a king so oppressed? I have seen enough disease outside of Paris to require the daily attention of three surgeons. Are there not Hospitals enough in Paris? Doubtless. Yet these poor sufferers choose the chance of life which the open highway and the uncertain charity of the traveller offers, to that afforded by a Parisian Hospital. When more at leisure, I shall look for a reason—for these beggars too have *reason*, and will generally be found choosing and acting as other men.

Passing St. Dennis, and its splendid cathedral, the sepulchre of the French Kings, of which I shall write again, at 3 o'clock we stopped at the Barrier St. Denis de Paris, and having undergone a brief general inspection, and taken in the "octroi" officer, we drove direct to the Messagerie Generale, Rue St. Honore. Our trunks were now hastily examin-

ed, and at 5 o'clock I was comfortably quartered at 12 and 14 "Rue de Bussy"—not far from the "Ecole de Medicine," and in a part of the city most convenient for my pursuits.

Cases of Acute Rheumatism, treated with Nitræ Potassæ, in large Doses.

Communicated for the Buffalo Medical Journal, by ALDEN S. SPRAGUE, M. D.

Below I give the results of the treatment of three cases of Rheumatism with large doses of Nitre.

I have not deemed it necessary to say anything relative to the pathology of the disease, nor, of the nature of the action of the remedy on the organism for its removal, but, merely, the facts as they occurred.

I am aware there is nothing new, or original, in the practice, yet it strongly corroborates that of several eminent Physicians.

The first case which I treated with Nitre in large doses, occurred in May, 1840. The patient, a gentleman of this city, aged about 35, of a bilious temperament, was attacked with the ordinary symptoms of fever—such as pain in the head, back, and limbs; chills succeeded by heat, nausea, furred tongue, restlessness, &c.

On seeing him, I gave him an emetic, which operated well, afterwards a cathartic of jalap and calomel, followed by treatment which produced free perspiration. Some of the important symptoms gave way; but he was now attacked with excessive pains in the joints, which became also, enormously swollen.

The pain and swelling attacked, successively, the upper, and the lower extremities, accompanied by a bounding pulse, and, in fact, all the appearances of acute rheumatism.

I now commenced giving him the following prescriptions; Sal Nitre, ℥ss Pulv. Dov. ℥ii mix; divide into eight powders and give one every three hours in any convenient vehicle;—warm fomentations to the affected parts.

This treatment was continued for twenty-four hours. Not perceiving any change in the case, one ounce of the salt, combined with the same quantity of Dovers powder as before given, was ordered every day for three days longer, when a decided amelioration of the condition of my patient was manifest. The dose was now diminished, and continued several days longer. The disease now assuming a more moderate character, the nitre was discontinued, and in about three weeks my patient was well.

In addition to the above, an occasional cathartic was given; with light diet and diluent drinks throughout.

Another case, more striking in its character, was treated by me in March, 1842. A young gentleman, aged about 20, was attacked with severe rheumatic fever. Its onset was sudden and terrific. The pain, and tumefaction attacked all his limbs simultaneously, accompanied with great heat, thirst, and bounding pulse. I commenced the treatment by giving calomel and jalap until it operated freely; with warm fermentations to the affected parts. Afterward I directed the following:—sal nitre, ℥i; pulv dov. ℥ii; to be divided into eight parts, and one to be given every three hours in thin gruel. The treatment was continued four days without mate

rial change. The salt was now given at longer intervals, the patient convalesced rapidly, and was well in ten or twelve days.

Another case, manifesting some peculiarities, came under my care the present spring.

A young lady, aged 18, who had been subject to convulsions in her infancy, and to intestinal worms afterwards, was attacked with rheumatism, first in the knee and ankle of the right extremity, then in the upper extremity of the same side, followed by a similar affection of the opposite side. She had been treated with domestic remedies for three or four days, without any relief.

When I was called, she suffered dreadfully, and was entirely unable to help herself. Her stomach and bowels were immediately evacuated by a large dose of ipecac and calomel; and she was directed to take a drachm of Sal. Nitre, and three grains Pulv. Dov. every three hours, with warm fomentations to extremities. At the end of three days, the disease began to abate, and by the tenth, every vestige of it had disappeared.

After the rheumatic fever had subsided, a slight attack of chorea manifested itself, which, however, soon subsided, on the administration of tonics and antispasmodics.

I have treated many other cases of rheumatic fever in such a manner, but the above are sufficient to subserve the objects I have in view in the present communication.

Buffalo, May 7th, 1845.

The Pathology and treatment of acute Rheumatism, are topics concerning which there is much diversity of opinion, and a notable absence of definite, rational principles.

We should be glad to add to the above the results of the experience of other practical Physicians, with reference to the treatment. The reader will find several of the most prominent therapeutic methods now in vogue, presented and discussed in the April No. of the American Journal of Medical Sciences, (1845). He will also find in the ninth and tenth Nos. of Braithwaites Retrospect, the remedy which has been so useful in the hands of Dr. Sprague, warmly advocated by Dr. Bennet in a communication originally made to the London Lancet.—Editor.

Case of Aortitis, with Autopsy, and Remarks:

Communicated for the Buffalo Medical Journal, by GEO. N. BURWELL, M. D.

MY DEAR DOCTOR—

I send you an interesting case of Aortitis or more properly perhaps, Arteritis. The patient came under my care, while attached as Resident Physician, to the Philadelphia Hospital, Blockley, and offered the only known case of this form of inflammation, during the year of my residence in that institution.

Yours, very truly,

GEO. N. BURWELL.

Peter Stevens, black, aged sixty-three years, was brought to the Hospital, late in the afternoon of February 13th, 1843. He was carried to his ward, not being able to walk. The physician who received him, said that

he complained of intense pain in his chest, without being able to localize it; "it was all through it," to use his own expression. He felt his pulse, and found it nearly natural, both in frequency and strength. He had no fever. These observations were hurriedly made, however, and ought probably, to be received with some degree of allowance.

I first saw him about 8 o'clock in the evening; he was lying in his bed on his left side, his head bent forward, with his chin nearly touching his chest, gasping for breath, his lower jaw falling at every inspiration; at times his eyes would roll up, which, with the anxious yet relaxed state of his countenance, gave him a deathly appearance. His intelligence was perfectly good. He answered our questions with difficulty, and at times, they had to be repeated. We found that about three weeks before he was taken with symptoms of Pleurisy of the left side, from which he had never entirely recovered; but had kept at his work as a common porter, and had been thus employed all the day previous. At one o'clock in the morning of the 13th, he had been thus attacked suddenly, and while in bed. The pain in his chest, above spoken of constituted his greatest misery. An order for admittance to the Hospital, was obtained for him during the forenoon, and he was brought in in the afternoon without having received any medical assistance.

A bowel complaint in the meantime had come on, which obliged him to get up to stool every fifteen or twenty minutes, the discharge being thin, and passed with much straining. He found the position on the left side with his head low, the most comfortable one, although, from his difficulty of breathing, it would have been supposed he would have been easiest sitting up. He could not lie on his back without aggravation of his sufferings. The nurse informed me that from the time of his entrance, he complained of great distress across the upper portion of the sternum. Not much was said to him, as he disliked being talked to. On examining his chest, as well as I could without adding to his pain, I found on the left side almost total flatness on percussion, from the second rib to the base of the chest, and to the left axilla; the flatness did not extend much to the right of the sternum. Percussion of the right side of the chest, and over the left lung, posteriorly, resonant. The respiratory murmur could be heard clear at the apex of the left lung, and throughout the right lung. No murmur heard over the lower lobe, posteriorly, where the percussion was clear; between the second and fourth ribs of the left side anteriorly, there was bronchial respiration, although not very loud.

The sounds of the heart could nowhere be heard, nor could its impulsion be felt. His pulse was scarcely perceptible, it was so small and feeble; it could not be felt in the left wrist when he lay upon his left side. Its frequency was about 110 beats in the minute.

No diagnosis was made out. The symptoms of any of the common diseases of the chest were not well enough marked, to found upon them a definite opinion. He died in two or three hours after I left him.

Post-mortem, thirty-eight hours after death. The body was that of a large powerful negro, full six feet and two to four inches high, and not at all emaciated; some froth on the lips; blood ran from the nose on turning the body over; face somewhat bloated. Pleuritic adhesions of pleurae of both lungs, which were of some standing, yet easily broken; lungs congested, but crepitant. Heart hypertrophied and dilated, but the rela-

tive size of the cavities not lost; slight thickening of the aortic valves. On cutting into the aorta, its internal coat was found to be of a bright scarlet color, which extended throughout the whole length of the vessel, and down the femoral arteries until they became popliteal; the injection, also, extended into the carotid, subclavian, and coeliac arteries. The other arteries not examined. A piece cut from the middle portion of the humeral artery, did not exhibit this redness. The arteries which were inflamed, were empty, except a small clot near the aortic valves. The endocardium was not affected; dark, slightly coagulated clots occupied the cavities of the heart, and extended into the pulmonary artery, the inner coat of which was also reddened, but not near to the extent of that of the aorta, and of a duller color. The inflamed membrane was not thickened nor was any fibrous effusion noticed. In the cellular tissue under it, were noticed small spots or flakes, of what appeared to be ætheromatous deposit, which was found quite thickly deposited in the entire length of the aorta. The *venæ cavæ* had blood in them, and the lining membrane was very lightly tinged of a dark reddish brown color, evidently the result of imbibition merely. There was an ounce of dark bloody fluid in the pericardium and about the same quantity in the left pleuræ. The mucous membrane of the stomach was slightly inflamed in two or three places. Other organs of abdomen healthy. Brain not examined.

On reading the above, the first question that will arise, will, probably, be whether this was really a case of inflammation, or merely one of cadaveric strain. A great deal has been written on this point, and in deciding upon the true pathology of the case, it is an important one. There is no doubt in my mind as to the inflammatory nature of the redness. The marked difference between the bright color of the aorta, and the sombre stain of the pulmonary artery, the still fainter color of the *venæ-cavæ*, and the healthy state of the endocardium, all of which had either fluid or clotted blood in contact with their lining membrane, demonstrate this point conclusively. There are only two facts which afford the least reason to doubt this, viz: the fluid state of the blood, and the length of time which intervened between death and the post-mortem examination.

The case is interesting from its being one of the most rapidly fatal cases of arteritis on record. A strong man, healthy, with the exception of some pain in his side for two or three weeks, which was not severe enough to confine him to the house, after an ordinary day's work, is awakened suddenly in the night with severe pain all through his chest, which lasts without intermission, till his death, about twenty-two hours from the first accession of pain. Did the inflammation exist before the pain was felt? I know no way of determining this; probably not, in its acute form, at least. What connection was there between the inflammation and the little, opaque, cream-colored deposits, noticed so thickly beneath the inner membrane? Their consistence would indicate in them a greater age than the inflammation had, but it does not follow that, of course, they were the exciting cause of the inflammation. This point must remain undecided.

The next question that arises, is, what is the connexion between the inflammation and the agonizing pain suffered by the patient? Was it

angina-pectoris? If so, the case would go far in support of Dr. Corrigan's opinion, that "inflammation of the lining membrane of the mouth of the aorta, is capable of producing the group of symptoms to which we give the name of Angina-pectoris, and is, therefore, entitled to a place in the list of the causes of that affection."^{*} It does not appear in the notes that he had pain in the left arm, and I do not recollect of asking him the question. If I did not, he would not have complained of it, for such was his distress, that he complained to me of nothing, and appeared as though he wished to be left alone to die. Besides, he did not die the sudden death of those who die of angina-pectoris.

The case is of high interest in a pathological point of view, and perhaps also, in a legal sense. Therapeutically considered, it is not of much value, at least, after I saw him, for he was then dying, beyond the reach of medicine.

Before closing this article, it may be well to take a glance at the varieties of acute arteritis. There appears to be three forms of it. The *first*, and most common variety, is that occurring with Endo carditis, where the inflammation extends into the aorta, more or less. This cannot well be distinguished from the Endo-carditis, nor is it important that it should be. It is, merely, an aggravated and extended form of this inflammation, and as such, renders the prognosis more grave without materially altering the treatment. This variety, also, sometimes complicates cases of Pericarditis, and of Pleuro-pneumonia.

The *second* variety, is seated in the extremities, and far more frequently attacks the legs, than the arms. It may be primary, or secondary; as when it supervenes upon amputation, or upon a diseased state of the coats of the arteries of the limbs. Reported cases of it may be found scattered through the different medical journals. Dupuytren, in his Surgical Lectures, gives two cases. It has often, probably, been confounded with phlebitis, but may be distinguished from it by two signs; 1st, the reduction, in arteritis, of the temperature of the limb, and 2d, by the occurrence of gangrene. Arteritis would seem to lead to gangrene, while phlebitis gives rise to cedema. This variety, having commenced in the limbs, is not always confined to them, but may travel, gradually, to the aorta, and on to the heart.

The *third*, and rarest form of the disease, is seen in those cases where the inflammation first attacks the aorta, extends to its branches, and perhaps also, to the endo-cardium. The case I have given belongs to this class. It is not, as yet, susceptible of positive diagnosis, but where the patient survives a number of days, it might be guessed at by the negative evidence of exclusion, with more or less certainty, according to the skill, tact and experience of the physician.

Buffalo, May 10th, 1845.

^{*}For an abstract of Dr. Corrigan's paper, see Am. Med. Jour. old series, vol. 22, p. 467.

Case of Hydrophobia.

The following account of a case of this terrible disease, which recently occurred in this city, is given from notes which have been obligingly furnished by Dr. James P. White, the attending Physician.—Ed.

The subject was Robert Ferguson ; from Ireland ; a blacksmith ; aged twenty-eight ; had been a resident of Buffalo fifteen months ; and during this time had had two or three attacks of intermittent fever of an ordinary character, for which he was attended by Dr. White.

April 21st. He sent word to Dr. W. that he had a recurrence of his old affection, (intermittent fever,) having experienced a distinct chill on that day ; and that he had pain and numbness in his left arm. He wished Dr. W. to send him some medicine. Dr. W. prescribed calomel and Rhubarb aa grs.x. On the 22d, A. M. Dr. W. was requested to visit him. The pulse was found to be 100, and rather hard. No circumstances then indicated the specific nature of the disease. It was supposed to be, as the patient supposed, an attack of intermittent fever, with an unusual protraction of the hot stage and accompanied with neuralgia of the left arm. The cathartic taken the previous night had not operated, and Ol. Ricini was directed.

The patient was seen in the afternoon by Dr. Clarke, who bled him 3xxx, and applied sinapisms to shoulder and spine. At this visit Dr. Clarke ascertained, that upon his attempting to take the oil in the forenoon, he was seized with a peculiar and distressing paroxysm. The oil was prescribed to him in water, and he was sitting on the side of the bed ; on taking it into his mouth, a small portion only, if any, was swallowed, the remainder was ejected with force ; and, at the same time, the patient started up from the bed, his countenance expressing remarkable agitation and all the agony of suffocation, rushed with violence around the room, and, at length, plunged into the bed of a fellow invalid in another part of the room. He said the oil produced a distress, which impelled him to act as he did, and that he could not restrain himself.

23d, A. M. Dr. White being absent from town, he was again seen by Dr. Clarke.—Found he had been quiet for the most part during the night, but had not slept. Had made efforts to drink, but was unable. The attempt excited violent paroxysms analagous to that of the preceding day, excited by the oil. Dr. C. diagnosticated Hydrophobia, and associated with him Dr. Wilcox. He had taken during the night, every 4 hours, powders composed of P. Dovers, grs. vi ; Proto chlor. Hyd. grs. i ; Tart ant, et Potas. grs. 1-6. These were taken mixed with a little stewed currants ; and were swallowed with considerable difficulty, by taking into the mouth very small portions at a time. There seemed to be a difficulty in bringing the morsels into the mouth. He would make several efforts before he succeeded, and, sometimes, give over the attempt, declaring that it was impossible. The difficulty appeared to consist in a premonition of laryngeal spasms whenever the attempt was made. When he, at length, introduced a portion into the mouth, he did so with a nervous rapidity, and, at the same time, made a quick and vehement effort of deglutition.

These powders were continued until noon, when he was cupped freely

over the cervical vertebræ; and the following prescriptions ordered: *R.* Ext. Stram. 3i; S. Morph. grs.ii; M. f. pil. 12. One to be taken from one to four hours. *R.* Proto. chlor. Hyd. grs.ii; Tart. ant. grs.1-6; M. f. pil. 1. To be taken alternately with the preceeding. At 5, p. m. seen by Dr. White who confirmed the diagnosis. In the evening Dr. Hamilton was called in consultation. It was now ascertained that on the 15th of March last, he was bitten on the metacarpo-phalangeal articulation of the little finger, by a small dog, which came pursuing a cat into a house where he was sitting. He attempted to lay his hand on the dog's tail, when the dog turned, and bit him in two or three places, as just mentioned, and immediately disappeared, nor could he discover afterward whither he went, or whence he came. The wounds were about ten days in healing. It was, also, ascertained that for a week previous to the present attack, he had had pain between the shoulders, and in the arm. On the day before he applied for medicine (21st), which was Sunday, his arm and hand felt very cold, and painful, so that he remained at home, keeping the extremity warmly covered, the whole day. There was pain, also, in the axilla, and its neighborhood. On the 21st, he went to work as usual, and continued working until noon, when the chill occurred, with increase of pain, and he went to bed.

It is important to remark, that although the patient answered various inquiries relative to the circumstances attending the wound, he did not suspect that any importance was attached to it excepting as accounting for the pain in the arm. He persisted in referring the origin of his spasms to the oil, in connection with which they first appeared. He declared that it poisoned him, and, at his desire, it was examined, and found to have been taken from a bottle, the greater portion of the contents of which, had been administered with no ill effects. The name of Hydrophobia was not mentioned to him, and he evidently had no idea of the nature of the disease under which he was laboring.

Dr. White states that the paroxysms, were excited, at first, by the attempt to drink; afterward, by the sight of liquids; and, finally, when they were named; and that they resembled, but in a greatly exaggerated degree, the convulsive, sighing, respiration, occasioned by sudden immersion in cold water. The eyes assumed a staring expression, with the pupils greatly dilated. The expression indicated intense agitation and agony. The face became turgid and livid. These symptoms continued, more or less severe from five minutes to nearly half an hour. The intellect of the patient was clear; and the paroxysms seemed to be shortened by soothing management—encouraging him to exert himself to keep quiet, telling him he would injure himself, &c.

He succeeded in taking a little solid nutriment, but with great difficulty; tongue was white; fauces slightly reddened; sweating profuse; pain in arm, severe—complained throughout the disease, of a benumbed sensation in the arm, but the sensibility and the power of motion were not impaired. The cicatrix of the wounds, had a dull, leaden color. The respiration in the intervals was suspirious. Tendons of feet rigid. He complained constantly of intense thirst, but said he could not bear to think of drink. He attempted to suck an orange, but on receiving the juice into his mouth, spasms were excited which prevented him from swallowing it. He was observed to gape frequently. His mind was very irritable; and he was

constantly in motion, changing his position, pulling the bed clothes, &c. His countenance had an indescribable wildness of expression.

The treatment directed on the evening of the 23d, was as follows:—
 ℞ Proto-chlor. Hyd. grs. xx; Sulph. morph. grs. i; P. Dov. grs. xx;
 m. ft. Pulv. iv; one every 4 hours ℞ Ung. Hyd. ℥i; Prot. iodide Hyd.
 ℥i;—Rub into axilla and arm. Emp. Cath. to cervical and upper dorsal
 region.

24th. Had taken three of the above powders during the night. The paroxysms had recurred as before, when he saw liquids, and finally without. Continued conscious until 3 or 4 this morning, and died tranquilly, at 6½, A. M. Made frequent efforts to vomit during the night, accompanied with severe spasms. His friends had remarked that he looked strangely on the afternoon of the day when he gave up work, and he took no drink after that time. It is to be added, that tenderness existed, at the first, over the cervical vertebræ, which led to the cupping on the 23d.

The utmost persuasion could not induce his friends to permit an autopsical examination.

Buffalo, May 7th, 1845.

Cases of Midwifery, with Twins at different stages of development.

Communicated for the Buffalo Medical Journal, by H. N. LOOMIS, M. D.

DR. FLINT—

Dear Sir, At your request, I send you a brief account of the following case, which may, perhaps, possess interest for some of your readers.

On the 13th April, 1839, I attended Mrs. H. in her third confinement, who was delivered of a full sized, healthy, female child, after a labour of about six hours continuance. The after-birth was expelled in a few minutes after the birth of the child, and with it came away a male fœtus, measuring 4 1-8 inches in length, in a perfect state of preservation. It was flattened to about one third of an inch in thickness, with the limbs flexed, and fairly imbedded in the sides of the body. When discovered in the vagina, and removed (which was just before the placenta came away) it was apparently free from any connection with the placenta. Some traces of a greatly attenuated cord were, however, visible on inspection.

My explanation of the above is, that the case was primarily a twin conception, and that the immature fœtus either died at a period corresponding to its development; or, from some cause, its vitality was reduced to so low a grade as barely to continue, without being sufficient for its farther development.

In connection with the above, I will also mention the case of Mrs. T. whom I attended 1st Oct., 1841. This was her first pregnancy, and after a labor of 12 hours she was delivered of two dead boys. One presented the appearances of a fœtus at the fifth month, with the surface pale, and somewhat shrivelled, but in a state of perfect soundness; the other, corresponding in all respects with the date of her pregnancy, which she supposed to have approached to near the eighth month. This last was fat, of rather large size, and had evidently died quite recently. Blood was extravasated the entire length of the cord, and over a considerable portion of the abdomen surrounding the navel, otherwise the surface was natural.

Yours, truly,

Buffalo, May 19th, 1845.

H. N. LOOMIS.

Editorial—Medical Intelligence—Bibliographical Notices, &c.

REDUCTION OF DISLOCATIONS OF LARGE JOINTS BY POWER DERIVED FROM TWISTED ROPE.—Dr. Gilbert, Prof. of Surgery in Pennsylvania College, Philadelphia, suggests a method of reducing dislocations of the large joints, which seem to combine the advantages of the pulleys, with greater simplicity—and with the important recommendation that the appliances are always at hand. He attributes to Dr. Fahnestock, of Pittsburg, Pa., the credit of first using it.

He describes the mode of application as follows :—"Place the patient, and adjust the extending and counter—extending bands as for the pulleys; then procure an ordinary "bed cord," or "wash line," tie the ends together, and again double it upon itself; then pass it through the extending tapes or towels, doubling the whole once more, and fasten the distal end, consisting of four loops of rope, to a window sill, door sill, or staple, so that the ropes are drawn moderately tight; finally, pass a stick through the centre of the doubled rope, dividing the strands equally by it; then, by revolving the stick as an axis, or double lever, the power is produced, precisely as it should be in such cases, viz :—slowly, steadily and continuously." Its application is illustrated by a cut in the *Am. Journal of Med. Sciences*, No. for April ult. from which the above is taken. We commend this suggestion especially to Surgeons in the country. It strikes us that it must prove an excellent substitute for pulleys, and is infinitely better than the clumsy and objectionable contrivances frequently employed under circumstances where recourse cannot be readily had to the pulleys.

DOSE OF THE EXTRACT OF CONIUM.—Dr. Woodward, Physician to the State, Lunatic Hospital at Worcester, Mass. in his annual report for 1844, says of the *Conium maculatum*, "It is only in large doses that it is useful in any case. The minimum dose is ten grains three times a day; the maximum dose two, three, or four drachms, frequently repeated. I have rarely found any advantage from doses less than fifteen or twenty grains, three or four times a day, but, ordinarily, give from thirty to forty grains, as frequently repeated." See *Am. Journal Med. Sciences*, April, 1845.

These doses are so much greater than those directed in our standard works on *Materia Medica*, and so different, in this respect, from the usual prescriptions of the profession, that we fear there is some mistake. We apprehend that Dr. W. has been unfortunate in the choice of his extracts. Extracts are frequently dispensed by apothecaries, which are prepared by the *Shakers* by simply evaporating water in which the plant has been boiled. They are very different from the inspissated juice. In our own experience, we have derived no satisfactory results from the use of this drug, excepting when we have obtained the English extract, and it is necessary that this be very carefully selected. We should hesitate before venturing to prescribe the English article in the doses recommended by Dr. W. until assured what his experience has been with it.

REMOVAL OF SEVENTEEN INCHES OF THE SMALL INTESTINE AND RECOVERY OF THE PATIENT.—Dr. Brigham, Superintendent of the State Lunatic

Asylum at Utica, communicates for the April number of the Am. Journal of Medical Sciences, (1845) the case of an insane patient, who, with a pair of large scissors, made "two wounds into her abdomen; one about an inch and a half above the umbilicus, and the other half an inch below it. From the upper opening she took out part of the small intestines, from which she cut off *seventeen inches* in length."

When discovered by Dr. Buttolph, the assistant Physician, one end of the intestine from which the portion was separated was withdrawn into the abdomen. Supposing the case would certainly prove fatal, he simply returned the other end, stitched and dressed the wound carefully, and directed an injection of laudanum. No abdominal inflammation ensued. She was kept very quiet; injections of laudanum, and broth administered. After a few days she took and retained a little food. "Thirty-three days after the accident she had a slight discharge from the bowels of hardened faeces, and on the next day a copious one. The wounds had already healed, and she was soon able to walk about. Since that time she has continued to have regular evacuations from the bowels, though there is a tendency to diarrhea. She is able to be about the house, and is as well as she was for several weeks previous to the injury."

TRANSCENDENTAL ANATOMY AND PHYSIOLOGY.—*Transcendental*, is an epithet which, of late years, has been applied by those who constitute *par-excellence* the common-sense portion of the community, to distinguish certain ultra speculatists in philosophy, sentiment and theology. To those who have been accustomed to regard the term in this its common signification, it will hardly seem possible that it can be rendered applicable to the votary of Anatomy, and Physiology. Yet we find this to be the case. M. E. R. Serres, member of the Institute of France, Professor of Natural History, &c., has published a work on what he denominates *Transcendental Anatomy applied to Physiology*. An analytical review of the work may be found in the Jan. (1845) no. of the Medico-Chirurgical Review, (London). The phrase, as this author employs it, is nearly synonymous with Embryology, and is intended to denote the study of the laws which preside over the development of the various component parts of the living organism, considered not only with reference to man, but including a comparative view of the entire animate creation.

This is a department of investigation, which has of late years become an interesting field of inquiry, not only from its intrinsic interest, but from the fact of its possessing very important relations, both to the study of healthy and morbid Physiology. For an example; (which happens to suggest itself,) in the formation of vessels in coagulable lymph effused from an inflamed surface, and its independent organization and vitality, is involved a pathological principle, exemplified physiologically in the evolution of the chick, where it is susceptible of easy demonstration. And so numerous instances might be cited. But without these practical relations, the evidences of an uniformity of the principles of constructive design, which are found to pervade the whole range of organized existences, render this province of natural history exceedingly attractive, and serve to confirm the truth, that *Nature* is but the ideal representative of an intelligent and all-wise CREATOR.

The work of M. Serres, (judging from the review in the *Medico-chirurgical*) must be an interesting one, and we hope will be rendered accessible in our own vernacular.

CYCLOPEDIA OF PRACTICAL MEDICINE.—This comprehensive work, edited by Drs. Forbes, Tweedie and Conolly, assisted by a host of the most eminent of the British writers, each contributing articles on subjects with which his own labors have become especially identified, has lately been republished in this country by Lea and Blanchard of Philadelphia, under the supervision of Prof. Dunglison.

The Cyclopædia must be regarded as the most complete work of practical medicine extant; or at least in our language. The amount of information on every topic which it embraces, is posted up to the present time, and so far as we are able to judge, it is generally more free from national exclusiveness and prejudices, than is usually the case with British publications. We are not prepared to institute any critical comparison between this and the corresponding French work—the *Dictionnaire de Médecine*. The latter which is much more extensive and elaborate, and is still incomplete, has been so long in course of publication, that the earlier portions, are already far in the rear of the present state of science. This must be a serious objection since the difficulty can be but partially remedied by new editions.

Prof. Dunglison, the American editor of the Cyclopædia, has added considerable matter, bringing it still more closely to the present time.

The getting up of the American edition is very creditable to the Publishers. It will compare very favorably with the English edition. In some respects, it is much to be preferred. During the original publication, many of the articles not being in readiness to be printed in proper alphabetical order, it became necessary to include them together in a single volume as a supplement to the work. This difficulty is obviated in the American edition. On the whole, we advise those who desire a compendious collection of the latest and most important information in the various departments of practical medicine—including midwifery, materia medica, medical jurisprudence, &c., to possess themselves of this work.

Among such a mass of valuable matter, it would be a difficult as well as invidious task to indicate particular excellencies. We would, however, refer the reader to the "History of Medicine from the termination of the eighteenth century to the present time," for an admirable digest of the characteristic traits of Modern Medicine, from the pen of one of the most philosophical and polished writers of the present day, Dr. Alison.

COPLAND'S MEDICAL DICTIONARY is another English work somewhat analogous in its character and scope, which is now in progress of republication, by the Harpers of New-York, under the direction of Prof. C. A. Lee. Of this we are not, as yet, prepared to speak from personal examination.

MARINE HOSPITAL AT CLEVELAND.—We learn that an appropriation of \$25,000 was made at the last session of Congress for the erection of a Marine Hospital at Cleveland. A board of Medical Officers of the Army were detailed some eight or ten years since, to determine the most suitable

points of location for Marine Hospitals on the Western waters. They designated Cleveland on Lake Erie as one point, and a site was subsequently purchased by the United States for this object. We have no objections to our neighbors at Cleveland having a Marine Hospital, and we are glad that Congress has seen fit to indicate a sense of what is due to the Sailors navigating these Lakes, by some definite action on the subject. But we think that the necessity of a Hospital at Buffalo will not be diminished by the establishment of one at Cleveland, and we hope that the profession and citizens of this city will use efforts to procure it without further delay. Cleveland was doubtless selected by the board, as an accessible and convenient port, intermediate between Buffalo and Detroit, at a time when it was supposed one hospital would answer all the marine wants of Lake Erie. The great increase of Lake commerce, however, which has since taken place, and its prospective magnitude, require that hospital privileges should be provided at more than one point. In addition to that at Cleveland, an appropriation should be made forthwith for one at Buffalo, and probably, also, ere long, for one at Detroit.

Since the preceding was written we have seen by the newspapers, that an agent has been appointed to superintend the erection of the Hospital at Cleveland, and that the work will be immediately commenced.

THE NEW-YORK JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.—We perceive that this periodical, which was originated by the late, lamented Dr. Forry, is to be continued under the editorial management of Dr. C. A. Lee. From the evidences before the Medical Public of the erudition and industry of Dr. Lee, together with his ability as a writer, we entertain no fears that its reputation will deteriorate in his hands. We hope he will so identify himself with its character and success, that its permanency may be secured.

OXALIC ACID IN RHUBARB OR PIE PLANT.—A family of four persons, in this city, recently, after eating freely of the leaves of the domestic Rhubarb or Pie plant, boiled, and served as "greens," were, all of them, shortly seized with severe vomiting. In one of the persons it was followed by gastritis. The others recovered directly after the vomiting. We have occasionally seen notices in newspapers of this plant producing noxious effects. Will some one of our chemical friends furnish us with a quantitative analysis of it, with reference especially to the proportion of Oxalic Acid which it contains?

DR. HAMILTON'S LECTURE ON PHRENOLOGY.—Although Phrenology addresses itself particularly to the consideration of Medical men, and, if true, possesses relations which are interesting and important in medical investigations, we do not propose to devote to it space which can be more appropriately occupied with subjects more directly relevant to practical medicine. On this account we must content ourselves with acknowledging the receipt of a copy of the above lecture, which our readers will find advertised to be obtained at our Publisher's office. The lecture is a candid exhibition of the arguments *against* the validity of the claims of Phrenology to be ranked as a true Science, and is worthy the attention of those who wish to look on both sides of the question.

☞ We would direct the attention of the Profession to the advertisement of John C. Sieffert which will be found on the advertising sheet. Mr. S. served his apprenticeship in Strasburg and Berlin, and has been established in Buffalo as an instrument maker, for the last ten years.

His instruments, for excellence and beauty of finish, will compare with those manufactured in our larger cities or imported from Europe. He has given great satisfaction in this city and vicinity, and we cordially commend him to the farther patronage of the profession.

To Readers and Correspondents.

Communications have been received from Drs. White, Long, and Colvin, which are on file for publication. From the alacrity which our brethren in this city have manifested in furnishing contributions, and the expressions of interest which have been received since our circular was issued, we are under no immediate apprehensions of any lack of original matter, but rather that our limits are disproportionately small for the amount which may be obtained. We hope that members of the profession in the Western part of this State, and in the Western States bordering on the Lakes, with whom communication is so easy and expeditious, will co-operate with us. We shall be glad to receive communications from them, only asking in addition, that they will endeavor to extend our circulation, so that if circumstances require it, we may be able to enlarge our limits sufficiently to do justice to our readers and correspondents.

The transactions of the New-York State Medical Society at their annual meeting in February last, have been received, but too late for any reviewal in this number.

We publish in this number the Meteorological Register kept at the U. S. Barracks in this city. For this we are indebted to the kindness of Dr. Wood, Surgeon at the post, who in our behalf applied for and obtained permission from the Surgeon General to supply a transcript of his monthly official Meteorological report for this Journal. We expect to continue its publication regularly, so that our patrons will have a Meteorological register for the entire year. This will often be useful for reference; and as connected with the etiology of disease may prove to be highly valuable.

☞ We have issued a large edition of the present number of the Journal and it will be forwarded to many individuals as a specimen of the work, with the hope that if it meet their approval they will forward their names with the amount of subscription. To those who do not thus signify their intention to patronize it, it will not, of course, be continued. The necessity of remitting the subscription price *in advance*, when the amount is so small must be apparent; and to avoid all misconception we take occasion to state distinctly that the terms in this respect will in no instance be deviated from.

Remittances can be made without expense to subscribers or publisher, through Postmasters.

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No. 2.

Notes of an European Tour. --- No. II.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D. Professor of Surgery in Geneva Medical College.

DEAR M.

To follow the Parisian Hospital Surgeons and Physicians one must learn to rise early, and fast late. Between 6 and 7 A. M. most of them are at their posts, and until ten or eleven are constantly employed in walking the wards, operating or lecturing. You may well imagine, therefore, with how keen a relish we entertain the first meal: indeed I must confess that the fatigue and depression consequent upon such unusual abstinence, did for a while produce a sensible depression in my medical enthusiasm: a few weeks, however, have rendered me quite tolerant of the custom, and the thoughts of "café au lait," and the delicious "omelette," now seldom intrude upon the sanctity of hospital hours.

"*Hôtel Dieu*" is to me a venerated name, associated as it has ever been with the memories of Desault, Bichat, Moreau and Dupuytren: and the first morning I spent in Paris was within its wards. Its principal buildings are upon that island of the Seine situated near the center of Paris, and called "La Cite," where, at a remote and unknown period, a wandering tribe of barbarians built their huts and pastured their flocks; dwelling quietly and in peace, until invaded and dispossessed by Julius Cæsar, about 50 years before Christ. Here, close by the Hospital, Cæsar built a palace, which became afterwards a frequent temporary residence of the Roman Emperors: it stood where now stands the gloomy "*Palais de Justice*." In the year 524 the Romans were in their turn driven out, and Clovis, the first King of the French, enclosed the island with walls. In the following century the Hospital of "Hôtel Dieu" was erected just within the southern line of rampart: I believe it therefore to be the earliest Hospital in the world still remaining upon its ancient foundation. Since this early day, however, it has undergone numerous alterations, and by successive Kings, great additions and improvements have been made, until it has become the largest and one of the most healthy Hospitals in Paris. At present it consists of three distinct buildings, two of which stand upon "La Cite," and the third upon the southern bank of the Seine, the two opposite buildings being united by a covered bridge, and a tunnel which traverses the quay.

Hôtel Dieu formerly contained 6 or 7,000 beds; the great mortality within its wards, however, induced the authorities to reduce the number

of beds to 1,200. In 1825 its mortality was but one in nineteen. The number of annual receptions is now about 11,000, and the average mortality has grown again to one in eight and seventy-two hundredths!

The "Salles" are large and sufficiently airy, and like all similar institutions in catholic countries, are attended constantly by the "Sisters of Charity," whose unwearied devotion to the interests of humanity is ever a subject of surprise and admiration. Those who wait at Hotel Dieu, sixty in number, belong to the order of St. Augustine.

Roux is now the chief Surgeon at this Charity and ranks, since the death of Dupuytren, first in Paris, if not in the world. He is 75 years old and has been in active practice 42 years, yet his vigor of mind and body seem quite unimpaired, and his success as an operator undiminished. Among many other operations, I saw him make a delicate dissection of a tumor from the neck of an old man. The operation was necessarily tedious and required great care, yet it was accomplished in a steady and skillful manner. Before commencing the operation, M. Roux adverted to the occasional admission of air into veins, during operations in this region — one instance of which occurred in his own practice in 1833, while he was surgeon at La Charite. He cut (accidentally of course) the internal jugular entirely across, and immediately the patient, (a girl,) sank back and seemed to have expired. M. Roux cast a ligature about the base of the tumor, not yet entirely dissected out, and left it to come away spontaneously; she revived shortly, lived seven days, and then died comatose. Parisian surgeons dare thus speak publicly of their own surgical accidents; a species of courage and honesty, which, with us at home, would ensure a prosecution for malpractice, if not total loss of reputation. Roux has opened at other times, by accident, the subclavian vein, the axillary, and the internal jugular, and Velpeau declares openly that he has "often" cut the internal jugular.

Roux occasionally *experiments* in union by "first intention" after amputations, and I have seen several successful experiments of this kind in his wards: but I should do him great injustice, to say that he has yet adopted this *English* principle as an established practice.

The other surgeons to Hotel Dieu, are Breschet, and Blandin: The former is author of several essays upon comparative Anatomy: and he has now in progress a large work on the Anatomy, Physiology, and Pathology of the venous system. He has been 32 years in practice, but has never acquired great celebrity as a surgeon, neither is he with the students a favorite. Blandin is the youngest of the three. His manners are pleasant and unassuming; his habits industrious, and his skill and success as an operator are fully admitted. I remember now to say, that he excises enlarged tonsils, as do most Parisian surgeons, with a common bistoury and forceps; I still however should give the preference to those well constructed mechanical instruments in use with us; since, while they are equally or more safe, they are more expeditious and less painful. I have seen M. Blandin make of this operation, so simple with us, a tedious and bloody affair.

I cannot avoid giving you here one illustration of union by "second intention" after amputation, as a specimen *en passant* of French Surgical *Therapeutics*. A poor fellow had his leg badly crushed, which M. Blandin amputated the same day above the knee. He made the circular incisions,

and when the limb came to the floor, every one exclaimed "admirable." The vessels being secured, a piece of perforated linen, smeared with cerate was placed over the whole surface of the wound, and above this a large quantity of charpie. The edges of the gaping integuments and muscles were then gently approximated, with bandages, &c. Thus dressed, literally *inside and out*, he was laid in bed. A few days after, the wound was discharging copiously; irritative fever and night sweats had supervened; and the patient was sinking rapidly. In a few days more he was carried to the "dead room," and M. Blandin himself pronounced the verdict; "unfortunately excessive supuration having occurred, has proved fatal." I added mentally "as a consequence of a charpie surfeit." More of this anon.

The Physicians at H.D. are all, I believe, veterans in practice, and their teachings I regard as almost oracular. M. Husson the Broussaist, and Recamier, have both practiced nearly half a century.

Magendie is the famous Physiologist and "Vivisector," who at one time created no little excitement among the English Philanthropists, because he opened a *rabbit* alive, to benefit his fellow-men, while tender-hearted John Bull was engaged in the innocent pastime of persecuting a *hare* to death for "sport." Notwithstanding the many vivisections practised upon him by his enemies, he still lives and labors at Hotel Dieu.

Rostan, who holds that asthma is dependent upon aneurism of the heart, and the author of an excellent article on ramollissement of the brain, and Chomel, most known through his general pathology and treatise on typhoid fever, are among the physicians. The remaining three are Honore, Caillard and Gueneau.

Dark and frowning over the walls of Hotel Dieu, stand and have stood for centuries, the towers of "Notre Dame:" the great cathedral, about which is woven so much of the history and romance of Paris; which has witnessed the offerings of so many penitent hearts—the burnings of so many heretics and sorcerers in its open "parvis,"—the coronation of so many Kings—which has witnessed, also, the installation of a courtesan as the "Goddess of Reason," upon the very altar of the True God, and the elevation of the "vulgar Corsican" to the throne of an Emperor, in the presence and by the forced consent of the Supreme head of the Catholic Church.

I have neither taste nor ability for architectural descriptions: the anatomy of Burke I propose to give you when I visit Edinburgh, but the anatomy of "Notre Dame" I must leave for others. But I am intelligible to you when I say, that as it is one of the oldest, so it is the purest specimen of ancient pointed gothic in Paris. The style is massive and gloomy, yet simple and majestic, and as I enter its vast and sounding aisles, cold and dimly lighted, a deep and solemn awe pervades me; an impression which is often not a little deepened by the broken and half smothered sobs at the confessionals, and the low murmuring monotone of the Priest. This Church was once rich in relics, but many of these were destroyed during the "Reign of Terror" and in the "emeute" of 1831. In the chapel of "St. Julien the Poor," may, however, still be seen several gilt busts, which enclose some of the precious remains of the eleven thousand virgins who suffered martyrdom with St. Ursula, at Cologne, in Germany. The

number seems large, yet with regard to relics, I have made a vow, never to entertain scepticism.

From one of the towers of Notre Dame, an excellent view of the city is obtained, and in company with four others, I climbed its four hundred steps. Five is an unusual number to be admitted to the towers at one time, and the old lady who stood at the tower entrance below, hesitated to allow so large a party to pass. The reason assigned is not quite intelligible—that like the “fire tower” in London, this spot has been selected by certain amateurs in suicide, from whence to make the death-leap. We suppose that our good-natured and non-suicidal countenances, with a *small gratuity*, secured for us admission.

Near the top we stopped for a moment, to examine “Emmanuel-Louise-Therese,” so baptised by Louis the 14th and his queen Therese; weighing 32,000 lbs., and its tongue 976 lbs. It is moved by four ropes, and requires sixteen men to make it speak. In its hoarse tocsin notes, therefore, the people are constantly reminded of the pious devotion of “La Grand Monarque,” the slave of his minister and two mistresses. Hedied of “*gangrena senilis*,” induced doubtless by his intemperance and debaucheries during life.

Going to and returning from Hotel Dieu, we always stop at “La Morgue.” It is the “morning gazette” for all who pass, or reside in this neighborhood, the “tragic theatre” for La Cite. You have two opposite points from which you may obtain a complete moral panorama of Paris, the Foundling Hospital, and La Morgue. La Morgue, (the bone house,) is a small stone building, not many steps from Hotel Dieu, and close upon the banks of the Seine. Here are brought, for recognition, the bodies of all the unknown, who are found dead. On the right as you enter, is the office of the Registrar; a little beyond is a small room with a copper covered dissecting table, where inquests are made. The hearse room and cleansing room are next. To the left, separated from the spectators hall by glass windows, is the “chamber of the dead,” where, stretched upon inclined planes, stripped of all clothing except a loose partial covering of oil cloth, they are permitted three days to “lay in state.” Water is constantly dripping from small tubes upon their bloated and discolored faces, sometimes horribly mutilated and disfigured. Above and around hang the clothes—a laborers blouze and check shirt; a bourgeois’s broadcloth coat; a neat gown made in the latest fashion—for a Parisian woman would die decently; a student’s velvet embroidered cap; an infant’s swaddling clothes. In these mournful testimonials, the spectators read the age, sex, and rank, possibly even the name, of each.

Above, I am told, the family of the “Morgeur,” the Charon of the place, resides; and he has a daughter who entertains herself, and the dead who live below, with cheerful music.

300 is the annual average of bodies, mostly *suicides*, brought to the Morgue, five-sixths of whom are males, and yet these by no means comprise all the suicides of Paris. I have no means of ascertaining the exact annual number, but they are admitted to be very numerous. Certainly vastly more numerous in proportion, than in any city or portion of the United States. I protest, therefore, against the assertion of Falret, principal physician at Salpetriere, that “republican forms of government favor the development of mental alienation, and consequently suicide.”—

It was not during Republican Rome, but under the despotism of its Emperors, that suicides became common. Switzerland is remarkable for the infrequency of its suicides—while England, France and Germany present large and increasing catalogues. The astonishing increase of suicides during the French revolution, discloses, not the effect of republican institutions, but rather the effect of *no* institutions—of anarchy, tyranny, and bald infidelity. To these causes should be traced the 1300 suicides committed in the single town of Versailles, during the year of the “Reign of Terror”—a fact unparalleled in the history of the civilized world.

“La Charite,” No. 45, rue Jacob, was founded in 1613, by Maria de’ Medicis, who, so unequal are the rewards of this life, died poor and deserted, in an obscure house of Cologne. Her heart is now honored with a burial in the great Cathedral of Cologne near the shrine of the “Three Wise Men” who visited first the Holy Manger.

La Charite contains 530 beds, and receives annually an average of 8000 patients; mortality, 1 in 10,40 — Velpeau, the great anatomist and miracle of industry, is the principal surgeon. You have heard that Parisian Surgeons deride Velpeau’s claim to eminence as an operator. They acknowledge his industry and zeal, and intimate, that with such qualities he might have excelled as a “blacksmith,” or “farrier,” had he never left the calling. I believe these intimations ungenerous and unjust; he certainly is not a rapid, yet for the same reason is he, a more safe operator. I give you his maxim in his own words. “Je sais maintenant que sur l’homme vivant, il import moins d’agir vite que d’agir convenablement.” And it might be well for some unfortunates had French Surgeons, generally more of Velpeau’s caution.

I have seen Velpeau operate twice for cancer, which, with Roux, Blandin, Gerdy, Lisfranc, and others, he believes originally a *local* affection and only consecutively constitutional. He therefore removes many cases of scirrous, and open cancer, which American Surgeons would hesitate to touch. But my attention has been especially attracted to his treatment of *all* simple fractures by “dextrine;” constituting a species of the immovable apparatus. Whether “dextrine” possesses any decided advantages over the “starch” of M. Suetin, I am not prepared to say—it is certainly liable to most, if not all the objections which have so frequently been made against the latter, and indeed against every other mode of close immovable apparatus. With regard to either method as an indiscriminate practise, I have not changed my often expressed opinion, that none of them will abide the test of time. Even Velpeau, if he lives many years, will be forced to recall his abused and rejected splints, extension and counter-extension, &c. I have not, it is true, seen in his wards an unfortunate result; but I am assured by students of intelligence and veracity, that in their observations, such cases have occurred under his own eye, and which timely knowledge of the actual condition, and application of proper apparatus might have prevented—these cases are not given to the world. He still adheres to his method, of treating Hydrocele, by injection of tincture of iodine. He admits that he has by accident, occasionally thrown it into the cellular texture, but no sloughing has ever followed. He varies the strength, diluting it always with water, injects it cold and immediately withdraws it. I saw Liston in London using and recommending the same, and I think it may now be held an

established practice in England, France and America. Nitrate of silver, as an application to inflamed eyes, in their various stages, either as an unguent, wash, or in substance, constitutes with him almost a catholicon, and I am pleased to find that I have been riding my "hobbie" with so distinguished a man.

M. Gerdy is the second Surgeon to LaCharite, and of nearly the same age with Velpeau, yet much less distinguished. As a writer however, upon various Anatomical, Surgical and Medical topics, he is well known. He has just now in press and partly issued a large work entitled "*Physiologie Medicale*."

Here also in the Medical wards are the two distinguished pathologists, Andral and Cruvelhier. Cruvelhier, has a mild, intelligent and attractive, yet not handsome face, and is with me a favourite. Rayer is fat as an Alderman, and carries himself about the wards with such a distinguished air of ease and comfort that you would scarcely take him for the student which his late writings have shown him to be. In diseases of the kidneys and skin he is acknowledged authority. Bouillaud, a Broussaist, Phrenologist, and author of a work on diseases of the heart, and Fouquier have, also, each a service at La Charite.

Returning from La Charite, I have often been attracted to the ancient church of "St. Germain des Pres," or the "Golden Basilic;" the Abbey church of the most ancient monastic establishment of Paris, having been founded in the year 560: It contains the tombs of Descartes, Mabillon Mountfaucon, also of Casimir, king of Poland, who in 1668, abdicated his throne to become abbot of this monastery. Adjoining is still seen the prison of the abbey, blackened, and time-scathed; now converted into a military guard house.

Case of Oedema of the Glottis, following Tonsillitis.—Laryngotomy, &c.

Communicated for the Buffalo Medical Journal, by JAMES P. WHITE, M. D.

M. L. F. auctioneer, aged 39, spare man, of active habits, sent for me on the evening of March 6th; found him laboring under tonsillitis, and learned that two days previous he had taken cold by sitting most of the day near an open window; that sore throat had succeeded, and that he had taken senna and salts in operative doses, and made use of some mild astringent gargle. The attack was accompanied with considerable febrile irritation, and moderate local swelling, but was not thought dangerous; indeed, I was sent for rather to prescribe for the daughter, who was suffering with the same affection. The pulse was 100, not very hard or full; thirst considerable, drinks taken without much difficulty; cathartic had operated during the day; skin dry and hot. Directed him to rub the surface of the neck with the following mixture. $\mathcal{R}$ camphorated oil aquae ammoniae aa $\mathfrak{z}$ i. mix; and as he had slept little the night previous, gave him three perspirative anodyne powders, one to be taken every 3 or 4 hours, until sleep should be procured.

7th, morning—had taken all the powders, slept well, felt refreshed, pulse 84, skin more moist and cool, and swelling of tonsils not increased. Directed the following recipe: sup. tart potass 3ii., tart antim. et potass gr. iv., mix; to be dissolved in one pint hot water, and take a wine glass every two hours. 6 P. M.—had conversed during the day considerably relative to business, and throat was more painful, fever increased, tonsils reddened and increased in size. Scarified the tonsils, directed the antimony and crem. tartar, which had been neglected during the day, to be increased so as to produce nausea, and interdicted all conversation. Saturday, 8 A. M. fever much diminished, but throat sore on pressure externally, and deglutition painful. Scarified the tonsils, applied 8 leeches to the neck, continued the solution, and moved the bowels with calomel, followed by senna and salts. 6 P. M. Bowels had moved freely, skin moist, pulse much softer, and patient expressed himself as feeling "much better but languid." Tonsils less red and painful, deglutition not very difficult, and respiration not at all interfered with. Directed him to take the anodyne, as on Thursday night.

9th, 5 A. M.—Was called out of bed in great haste, being told that the patient was dying. On my arrival, found him unconscious, face engorged with unarterialised blood, breathing nearly ceased, loud and spasmodic. I immediately raised his head, thrust the handle of a spoon between the tonsils, to ascertain if they were so large as to produce suffocation, but found them so far separated as to permit the spoon to be turned flatwise without much difficulty. At this time, the larynx and trachea were pumping like the piston of a steam-engine at each inspiration, the expiration being free, but accompanied by a flapping, stertorous sound. I immediately suspected effusion into the cellular tissue at the top of the glottis, and proceeded to expose the Crico-thyroid space, believing the operation of Laryngotomy afforded the only chance of relief, although this was but faint. By this time my friend Dr. Flint, whose residence was next adjoining, came in, when we inserted an elastic tube, and inflated the lungs, making alternate efforts of blowing into the trachea and compressing the chest, but to no purpose, the patient made not a single effort to breathe after the operation.

I learned that he took one of the Dovers powders at 6 and 9 P. M. and passed a comfortable evening; took the last powder at 1 A. M.; took drink freely and slept well until at 2½, when his wife being somewhat alarmed by his loud breathing aroused him. He took at this time half a tumbler of toast water without difficulty, but remarked that his throat felt strangely, that the swelling seemed extending downward. He put his hand on the pomum adami, saying it was there, and thrust his finger quite down into the throat in an effort to feel the source of the difficulty. He soon, however, went again to sleep, and Mrs. F. whose rest had been much disturbed, also fell into a pretty sound sleep, from which she was awakened by his loud and stertorous breathing, and on going to him found she could not arouse him.

POST MORTEM EXAMINATION THREE DAYS AFTER DEATH; Present Drs. Josiah Trowbridge, Charles Winne, and Austin Flint. On examining the larynx, the mucus membrane of the glottis was found greatly distended with serum, forming large bladders, and so occupying

the rima glottidis as to have completely closed the aperture during inspiration.

Tonsils not greatly enlarged. Mucus membrane of the fauces of a dull red colour, in the trachea healthy.

The practical deductions to be drawn from the above case are, that it is unsafe even in a mild case of Quinsy, to leave patients without some attendant awake beside them, as has heretofore been the habit of all the profession, especially during the subsidence of the active symptoms; and that in a case which becomes complicated like the one just related, the operation of Laryngotomy, if resorted to at the proper period, would offer a tolerable chance of success.

My friend, Prof. De LaMater, of Cleveland, relates to me an instance which occurred a few years since, in which he operated successfully, although the patient seemed in articulo mortis at the time. It would seem, however, important to success, that the operation should be performed before the brain or lungs have suffered lesion.

Buffalo, May 27, 1845.

Case of Pleuro-Pneumonitis.

Reported for the Buffalo Medical Journal, by Lieut. E. R. LONG, M. D., U. S. A. and the Editor.

Sullivan, Soldier, aged 22, of a robust constitution, after lying on the ground in a state of free perspiration and fatigue after violent exercise, was attacked, April 11th, with acute pain in the right side; tenderness on pressure between the ribs; respiration frequent and very painful; great thirst; tongue furred; pulse 105 and hard. Received into Hospital, under charge of Surgeon R. C. Wood, U. S. Army; bleeding generally and topically, at once resorted to, with cathartics and diaphoretics.

12th, A. M. Pain Subsided, Pulse 90, Respiration 40, — P. M., Pain returned with great violence; suffocative respiration. Copious venesection and cupping repeated, with great relief. Physical signs—dulness up to the level of the nipple, anteriorly on the right side; above this sonorous *rale* anteriorly and posteriorly.* When lying on the left side inclining toward his face, the resonance of the lateral division of that side below axilla, good; on changing his position and lying on the back percussion over the regions just mentioned, yielded a flat sound. The act of moving, produces acute stitch; speaks with difficulty from the same cause. Diagnosis — Pleuritis with effusion.

14th. Entirely free from pain; pulse small; great prostration; was bled freely last evening for recurrence of severe pain. He has lost about 72 oz. of blood by venesection and cupping. Large blister over right anterior chest, yesterday. Physical signs; vesication prevented examination anteriorly;

* This may have been tubular respiration, [see subsequent history of the case] the two being liable to be confounded without care. If so the lung had already passed from the first to the second stage of Pneumonitis. Bronchial or tubular respiration, according to Laenec, may be present before the condensation is sufficient to produce flatness on percussion.—ED.

posteriorly, dullness extends above lower margin of the middle third; above this, respiration is bronchial, with slight broncophony; on the left side, intensity of respiratory murmur increased.

15th. Very distressing cough, apparently dependent in a measure on metrorism, and relieved by the operation of an enema. At evening pulse 130. The physical signs render certain the existence of pneumonitis. Posteriorly there is dullness over the whole right side, with bronchial respiration down to the inferior third, and distinct broncophony; vesication prevents exploration anteriorly. From the general character of the vital and physical signs at the outset of the disease, it was regarded as pleuritis, and the characteristic sign of a complicating pneumonitis either overlooked, (crepitant rale) or it had ceased before the first examination.

16th, A. M.—Pulse 100; face flushed; cough less painful; *no expectoration has as yet appeared*. Bronchial respiration and broncophony over right side. Evening exacerbation, as, also, on previous days. Pulse 120; cough more painful.

17th—Aspect and general symptoms improved. Near the inferior angle of scapula, slight sub-crepitant rale.

18th—Much improved.

19th—Pulse 90; tongue covered with brown fur. *Still no expectoration.*

22d—Pulse 100; dullness and bronchial respiration continue; slight sub-crepitant rale in sub-mamary region.

23d—Cough distressing; sub-crepitant rale continues; Epistaxis last evening; pulse 80; feeble; tongue pale red, and nearly clean. Physical signs the same. Can rest comfortably only on back; turning on to left side excites distressing cough.

28th—Pulse 70; tongue clean. Respiration still accelerated. *No expectoration.*

29th—Bronchial character of respiration much diminished. Resonance on percussion improved, but still dull. He is dressed and permitted to walk out. Appetite good.

This was a case of Pleuro-Pneumonitis, a combination which is not now regarded as frequent, the pleuritis so often accompanying Pneumonitis, being considered to be a secondary complication in most instances. Acute Pleuritis here existed from the first, and from the severity of its symptoms masked the first stage of the Pneumonitis.

The efficacy of copious and repeated blood-letting was very manifest in this case. The patient was placed in imminent danger from the simultaneous attack of the disease upon the two structures, and the sudden interruption of the function of hematosi in the right chest. The relief from the successive bleedings was marked, and the prompt and bold use of this potent remedy probably saved the patient.

The rapidity of the convalescence as indicated by the general symptoms and the local signs is also an interesting feature, evincing the vigour of the patient's constitution.

The absence of expectoration is another striking circumstance. This, although rare, has been noticed by authors; Andral gives an account of a case of pneumonitis in which neither cough nor sputa were present.

The advantage of physical signs was very manifest. The symptoms would alone indicate very severe pleuritis. In the absence of the charac-

teristic viscid, rusty sputa of pneumonitis, the latter could hardly have been diagnosed without the aid of physical exploration.

The reporters of this case are indebted to the politeness of Dr. Wood for the opportunity of witnessing its progress under his judicious management, and for permission to report it for the Journal. Dr. Wood has, also, obligingly offered every facility to report interesting cases which may hereafter occur at the Hospital connected with the military post at this place.

May 3d, 1845.

Case of Stone in the Bladder, with Operation of Lithotomy.

Communicated for the Buffalo Medical Journal, by ALDEN S. SPRAGUE, M. D.

I was called about the first of April last, to see the son of George Stablie, now of this city, but a few years since from France, and found him suffering from some disease of the bladder. I learned from his parents that he was born in Paris, in the year 1834; that he was sent into the country to be nursed, under the care of a woman having charge of a vineyard, who was in the habit daily of drinking large quantities of Burgundy wine, and of giving it plentifully to the child.

He was restored to his parents at the age of 28 months, tolerably healthy, but in the habit of urinating in bed almost every night. Incontinence of urine, and a habit of constantly pulling at the prepuce, were the only circumstances which attracted attention until about five years since, when his parents first discovered that he manifested pain in making water. Since that time the pain has been constant, and latterly very severe.

At the time I was called, he presented the following appearances: age eleven years; stature not larger than an ordinary child at seven; countenance pale, emaciated; digestive organs impaired; incontinence of urine; severe pains in the region of the bladder, particularly immediately after evacuating it; frequent discharge of bloody mucus, accompanied by general debility.

Suspecting stone, I sounded him at my second visit, and found one.

After a consultation with my medical friends, an operation for the removal of the difficulty was proposed to the boy's parents, and their assent readily obtained. He was immediately put on a preparatory treatment, and the operation performed on the 22d of May, under tolerably favorable circumstances.

After the bowels had been evacuated by an injection, the staff was introduced. The stone being recognized by several medical gentlemen present, he was laid upon the table, and secured in the usual manner. I then commenced my first incision just below the scrotum at the raphe, and carried it to midway between the anus and tuberosity of the ischium; a few subsequent touches with the knife, aided by my finger nail, brought me to the membranous part of the urethra, when the groove of the staff was easily discovered. The urethra was severed to the extent of about half an inch. The staff was now seized with my left hand, and

taking the gorget with the other, its beak was placed cautiously into the groove of the staff, balanced, then pushed steadily into the bladder. At this instant the boy made a violent struggle, the rectum became inflated, and was slightly wounded. Immediately after the incisions were completed, the finger was passed into the bladder, and the stone distinctly felt. I took a small forceps, introduced it on the withdrawal of my finger, seized the stone, and extracted it without difficulty.

The bladder was thoroughly rinsed with warm milk and water, a gum elastic tube inserted into the wound, the limbs fastened together, and the boy laid on his left side in bed. No vessel requiring a ligature was cut during the operation, nor was there any hemorrhage afterward demanding attention. Directions were given to have all motion avoided, and strict injunction to keep the patient entirely on barley or rice water and mucilages. The tube was removed on the second day. The urine passed partially on the tenth, and entirely on the fifteenth day. Liquid feces likewise passed through the wound for a short time. After the fifteenth day, however, all the discharges were passed naturally, and on the twenty-second day after the operation, the wound was entirely healed.

Two or three things naturally suggest themselves for consideration in the foregoing case. One is, that no case of stone in the bladder, as I am informed, has ever been known to have originated in this vicinity.

Another is, the manner in which this child was treated during infancy.

And still another, the readiness with which the parts healed, after the rectum had been wounded.

The stone was an inch in length, three fourths of an inch wide, and half an inch in thickness. It was of a reddish brown color, and probably belongs to the class of lithates.

Buffalo, June 20, 1845.

Cases of fracture of Cranium and dislocation of Ulna.

Communicated in a letter to Prof. Hamilton, by DARWIN COLVIN, M. D.

PROF. HAMILTON : —

CLYDE, April 3, 1845.

Dear Sir—I send you a case of fracture of the Cranium, with wound of the Median Meningeal Artery, producing extravasation and death. The circumstances were these: — A father and son while attending our town meeting became intoxicated, and in consequence of the son's ill treatment of his father, the old gentleman threw a piece of board and it struck him (his son) about the squamous portion of the temporal bone. *He did not fall*, but seemed to be rather unconscious for a minute, when he recovered, and was about the streets for an hour or so, seeming to be as well as usual, trading horses, &c. In about two hours he began to manifest some symptoms of compression, vomiting, inability to stand, &c. He was put into the waggon, carried home, which was about six o'clock in the evening; did not speak during the short time he lived, and no medical advice was called until five the following morning. I was then sent for,

but he died before I arrived, and no examination was allowed at that time. Our people, however, together with myself, suspecting that his death was in consequence of the blow, obtained a coroner's inquest, and upon examination, I found a fracture of the squamous portion, together with a wound of the Median Meningeal Artery as it lay enclosed in its bony canal. There was a very large coagulum resting upon the left hemisphere. My testimony was that he came to his death by a blow inflicted by his father.

My father and myself have had another very interesting case viz. of luxation of the upper end of the Ulna, *without fracture of the Olecranon or Coronoid*. A gentleman in descending the stairs of his barn fell, and luxated the upper end of the Ulna inward and outward. When we saw him we found the olecranon process presenting anteriorly, and the coronoid a little more inward than backward; in fact the bone had slipped around and rested on the anterior surface of the inner condyle! We could detect no fracture, and, as it has terminated, there was none. We found great difficulty in reducing it, it requiring three assistants. The integument was so tense over the coronoid that ecchymosis had taken place, amounting, in fact, almost to a compound dislocation. The elbow from side to side measured some six inches. I applied a straight splint for a short time. The inflammation at first was very severe and the swelling great. After it began to subside I had him use motion, which he now does, and the joint seems to be very perfect. He cannot extend it quite so far as the other, but I think this is in consequence of the inflammation and swelling not having entirely subsided, the extension increasing as the inflammation subsides. We hope for its successful recovery.

I am yours, &c.,

DARWIN COLVIN.

A Singular Attempt at Suicide in a Lunatic.

Communicated for the Buffalo Medical Journal, by G. N. BURWELL, M. D.

In February, 1843, a German was brought to the Lunatic Asylum attached to the Philadelphia Hospital, Blockley. He had been in this country a number of years, spoke English very intelligibly, and as an occupation, followed the putting up of anatomical preparations and skeletons, becoming thus pretty well versed in anatomy. In this capacity he was well known to most of the prominent physicians and surgeons of Philadelphia.

He had not been insane long; was then subject to violent paroxysms of rage, during which he had to be very carefully watched to prevent him from injuring those about him. A tendency to injure himself had also been noticed at these times, but not in any great degree. During the intervals of the paroxysms he was allowed the use of the halls, etc. as he pleased. He would then be very quiet, although not fully rational.

It was during one of these intervals of quiet that I saw him at one of my regular evening visits to the wards. He came up to me, shook hands, and conversed readily and pleasantly. I remember noticing, in passing the door of his room or cell, three or four crackers lying on a small stand

at the head of his bed, which, at his request, had been given him by the nurse.

In about fifteen minutes after leaving him, and while engaged in another ward near by, I received word to come to him in haste, for he was dying. All the nurse could tell me was, that he was heard to fall in his cell, and on going to him, he was found on the floor insensible. He was laid on his bed, and word sent to me. On reaching his bed-side, a glance was sufficient to show that all the difficulty lay in or about his windpipe.

There were violent efforts at respiration, *no cough*, face getting more and more livid every instant, the veins of his neck and temples largely swollen, and his mouth tightly closed. He was then and continued for sometime, perfectly insensible, and while in this state, remained passive in our hands.

I immediately thrust my finger into his mouth, and found it full of mashed cracker; that about the cheeks and teeth was very finely divided and doughy from the mixture of saliva; farther in it was coarser and drier; back in the fauces there were some pieces nearly as large as the end of a man's thumb, while back and below this mass of cracker, and lying directly over the rima-glottidis was a piece of paper folded to four or five thicknesses, and about an inch and a half square. This had evidently been first pushed back into the fauces, and the cracker then swallowed upon it, forcing it down upon the rima-glottidis. He must have done this without breathing, and within half of a minute.

Then came the insensibility and the fall which gave the alarm. For a few minutes it became uncertain whether he would live until I could free his mouth and throat, and as a precaution, instruments were obtained, that if necessary I might open his trachea.

The air began to pass into the larynx before the fauces were entirely cleared out, and immediately he began to manifest some sensibility, showing itself in general efforts to rid himself of us, and in rigidly closing his mouth so that pine sticks had to be obtained to put between his teeth, to enable me to finish clearing out his throat; fits of coughing soon came on, which much assisted me in this. The first words he spoke were violent oaths, deprecating our efforts in saving him, and his passion and anger were excessive for a while afterwards, and very painful to witness.

No injury resulted to him from the attempt.

Chemical Analysis of Rhubarb or Pie-plant.

Communicated for the Buffalo Medical Journal, by Lieut. E. R. LONG, M. D., U. S. A.

DR. FLINT : —

Dear Sir — In the first number of your journal you notice a case of supposed poisoning from the Pie-plant, and request an analysis of the same, to determine the proportion of Oxalic Acid that enters into its composition, as this is presumed to be its deleterious principle

I have submitted this vegetable to the process given below ; and as the results in two experiments, were the same, it is thought to be sufficiently accurate for all practical purposes.

Process : — Take 1-4 lb of the stalks (Petioles) of the plant, reduce them to a pulp on a grater, add pint a of rain water; then bi-carb Potass.

3i j—to separate the free Oxalic Acid from the other elements of the vegetable. Pass the liquor through a coarse filter to remove the vegetable fibre and other insoluble ingredients. To the solution add mur. lime, q. s. to precipitate the Oxalic Acid in the form of an insoluble Oxalate of Lime; collect this on a paper filter and dry it. We thus obtain all the free acid in the plant. To extract the portion which is in combination with lime, treat the residue found on the first filter with nitric acid; add bi-carb Potass. and filter through paper as before; collect the matter on the filter and dry it. This is also Oxalate of Lime, soluble in Nitric Acid and insoluble in vinegar, or acetic acid; subjecting these two portions of Oxalate of lime to a red heat, it will be converted into carb. of lime; the weight gr. 10. This gives sufficient data to ascertain the proportion of Oxalic acid. For, as Carb. lime consists of Ca. O. plus C. O₂, 28,5—1 eq. base plus 22,12 1 eq. acid=50,62 eq., we have 28,5 parts of lime, in 50,62 parts of the Carb. There being 10 gr. of the latter, of course there will be about 5,3 gr. of the former; for Oxalate of lime is composed of Ca. O. 28,5 plus C₂ O₃ 36, plus 2 aq. 18=82,74, eq. From which we see that the lime is to the Oxalic acid in the ratio of 28,5 to 36. Hence, as the combining equivalents of the lime, in the Carb. and Oxalate are the same, if we have 5,3 gr. of lime, there will be 6 4-10 gr. of the Oxalic acid. This gives 24 3-5 gr. of the acid to 1 lb (avoirdupois) of the plant.

In the latter part of the above process we observe a beautiful exhibition of elective affinity. When the Nitric acid is added, the lime lets go the Oxalic acid and unites with the Nitric; but upon the addition of the Bi. Carb. Potass. the Nitric acid having a stronger affinity for the alkali than for the lime, gives up the latter and unites by preference to the former; when the Oxalic acid again reunites to the lime, to the exclusion of the Carb. acid, which is also present in a nascent state;—the most favorable for chemical union.

It was also remarked that the Oxalate of lime before it was exposed to heat, weighed 16 gr. and the Carb. produced 10 gr.; the eq. of the Oxalate being 82,74, and the eq. of the Carb. 50,62; it will appear that the equivalents and the weights are in the same ratio. This confirms the theory of the composition of the Oxalic acid, i.e. C. O. plus C. O₂; for the Oxalate losing one eq. of C. O. (14.) and two eq. of water (18); total loss 32: this deducted from its eq. 82,74 leaves 50,74, the equivalent (nearly) of the Carb.

If the above analysis be correct it seems that the small bundles of the Pie-plant found in market, weighing about 1 lb., contain a little more than 3j. of the acid. Now the question of practical importance is, whether any danger is to be apprehended from its use as an article of diet. The minimum fatal dose of the Crystallized acid on record in Standard Works, is 3ss.; but it would doubtless be unsafe to take a much smaller dose than this of the acid in a free state. Yet as the dilute acid is regarded and used as a safe refrigerant in fevers, and as a portion of it in the Pie-plant exists in combination with lime and is therefore inert, it would seem hardly probable that any deleterious effects would result from the ordinary use of the plant.

It may not be amiss to remark, that in a case of suspected poisoning from this acid the proper antidote is Carbonate of lime, or Carb. of

Magnesia, as these will form insoluble Salts with the acid.—The alkalies form soluble Oxalates possessing poisonous properties.

I will add that in one of the above experiments the Petioles or Stalks, were used ; in the other, both the stalk and-leaf, without any appreciable difference in the result.

Yours, truly,

June 5th, 1845.

E. R. LONG.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Extraction of the Uterus in an effort to remove the Placenta, and consequent trial for mal-practice.—Remarks on legal responsibility for mal-practice.—The Boston Medical Journal for April 30th ult. quotes from an English Journal an account of a practitioner in Norfolk, Eng. who, in attempting to remove the after-birth in an hour or two after delivery, extracted both placenta and uterus, together with most of the large intestine. The woman died in half an hour. A post-mortem examination was held before a coroner's jury, and a verdict of manslaughter rendered. On a subsequent trial, however, an acquittal was instantly returned on the ground that the accident was caused by an error of judgment, and "*that a medical man should not be punished for the death of a patient, when he had used all the skill he possessed, and had not shown criminal neglect, or wilful inattention.*"

That such an accident should occur to any respectable practitioner, will, we presume, strike our readers with surprise, and that such a verdict was rendered, will, perhaps, be hardly less surprising. This, however, is not the first event of the kind that has happened. In fact, a late number of the Lancet gives a detailed account of a case in which the uterus was first inverted, and after long and fruitless efforts to tear it away by manual force, it was cut away with a pair of scissors; a midwife occasionally relieving the accoucheur when his fingers were fatigued! Two cases, at least, have been reported in this country within the last few years. In one of these the practitioner was a man of considerable experience, and was reputed to be a respectable member of the profession.—The other, we believe, was an irregular practitioner. In both cases trials were had, but we are not able to refer to, or recollect the circumstances attending them, or their results. We much doubt, however, whether the principle upon which the English practitioner was acquitted, obtains in this country to the same extent in criminal or other prosecutions for mal-practice.

The above case furnishes a text for some remarks on the extent to which a practitioner is equitably responsible for mal-practice. The subject, however, involves numerous considerations which would require not a little space for their full discussion. We can only indulge in a few brief reflections, which will not relate to the above case in particular, but to the subject in general.

Assuming that a practitioner acts with no malicious intent, but, on the contrary, with a desire to do service to his patient to the best of his ability, and that he is faithful and attentive in his services, it is certainly extremely difficult, if not quite impossible, to determine where to draw the line of

responsibility, if injury arise from errors of judgment. A superior intellect, the soundest judgment, and pre-eminent attainments, by no means afford an infallible security against serious mistakes. For an example, it has occurred to more than one distinguished surgeon to perform lithotomy when no stone in the bladder existed. Suppose the patient in such a case to die from the operation? Is the surgeon guilty of man-slaughter? Numerous analagous instances might be quoted; and we are much mistaken if in the experience of the most eminent practical members of our profession, there have not occurred not a few cases in which unfortunate results have developed errors, which, if it were possible, they would be glad to redeem, at whatever cost. We make this statement in all frankness, for we believe it to be true, and at the same time reflecting no disgrace upon the profession. It would be easy to show that from the very nature of our duties, and the subjects which they involve, this must necessarily be true.

The question then recurs, where shall we fix the limits separating venial errors from those to which a legal penalty should be rigorously attached? The more we reflect upon this question with candor and impartiality, the more difficult becomes the answer, and we much doubt if any principle can be adopted which will admit of easy application in the adjudication of cases of alleged mal-practice.

But there are other considerations involved than those which belong to the subject thus abstractedly presented.

In claiming damages, or the enforcement of penalties for mal-practice, the ground is of course taken that members of society have a right to require in medical practitioners a certain amount of knowledge and skill.—Now, has society this right, and, if so, to what extent? If such a right in reality exists, it is obvious it must have been acquired in some way or other; it cannot exist as a matter of course, inherent in the very nature of things. Now what has society done to have become possessed of a right to make a requisition upon the medical profession for a certain amount of attainment and practical ability, and if these are absent, to enforce criminal or civil penalties? Does society assume the prerogative to educate medical men? Not at all. All that society does, is occasionally to make through her legislators some small appropriations for medical schools, but not more, nor so much as to institutions for other branches of learning, and for the advantages of these the medical student is required to pay a proper pecuniary equivalent. Does society exert authority to render the profession in itself desirable and honorable? No. Society vouchsafes no legal privileges, gives no protection,—but on the contrary, has decided virtually, that a thorough medical education constitutes not the least claim to distinction or peculiar rights. Does society bestow with a liberal hand pecuniary emolument? By no means. There is not a class of men more poorly paid for their services than the members of the medical profession. How is it, then, that society presumes to act as if physicians were so deeply in its debt, or that it has such extraordinary claims, that an error of judgment, and even ignorance, are to be held to a stringent accountability? We do not hesitate to affirm that the position which society arrogates, is unjust and unwarrantable. No doubt it is very desirable that the lives and bodies of its members should be protected against mal-practice, but before society assumes the right to punish ignorance and unskillfulness, let some-

thing be done to substantiate a valid claim to the advantages of learning and skill. Let liberal appropriations be made for the promotion of medical education; let the avenues to knowledge be thrown open, successful attainment encouraged and rewarded, and the possession of a medical diploma made to confer honor on its possessor; let the profession receive protection in its just rights and dignity; legalize the study of Anatomy; endow Hospitals, and constitute them schools of practical medicine. Let Society perform on her part these just and reasonable obligations, and then she may with some show of propriety demand on the part of the profession that its members shall not only be attentive and careful, but intelligent and well educated.

The present liability of medical men to vexatious prosecutions for malpractice is peculiarly aggravating. In addition to the intrinsic injustice of the thing, they have to contend against the unprincipled malignity and sordid motives of any who choose to prosecute, and often against the ignorance and prejudices of those who are to adjudicate. We venture to say that a high minded honorable man never commenced a suit for malpractice. Such an instance certainly never came within our knowledge. Those who seek this method of redress are generally of that class who would never repay with gratitude or pecuniary remuneration medical services, however important they may have been to their welfare. It is a cruel hardship for a medical man to be obliged to contend with such individuals.

Then, again, his cause is committed to the hands of a jury, who, it may be safely assumed, are incompetent to decide upon its equitable merits. This jury will most likely embrace some individuals whose feelings have been rendered hostile to the medical profession through some of the various means, which, for selfish purposes, are constantly employed to bring about such an opposition in the minds of the community. Is it just or proper that the professional duties of a medical practitioner should be decided upon by men of this stamp? Yet it can hardly be avoided in the indiscriminate selection of the members of a jury. But granting that their judgments are not in any instances liable to be affected by preconceived opposition or dislike, are jury-men competent to determine whether an error or fault in a medical practitioner be excusable or not? To do this presupposes an intimate acquaintance with the subjects involved, of which they are generally totally ignorant. In fact, we might, with exceptions and qualifications, extend these remarks to embrace the whole court as well as the jury-box; and, if our space permitted, it would be easy to adduce instances in which the instructions of Judges to Juries with reference to their verdict, fully sustain, if not the first, certainly the second ground of incompetency which has just been referred to. But it is quite needless in addressing the Medical Profession to labor to prove the incompetency of ordinary legal tribunals to adjudicate equitably upon cases of alleged malpractice. The profession well know this to be the case, and abundant facts might be collected in which the results demonstrate it, without the necessity of argument to show why it must necessarily be so.

The conditions which society imposes upon the practice of medicine are peculiarly proscriptive and inconsistent. Other callings of analogous responsibilities are comparatively exempt from them. Suppose, for

example, an architect to construct a public edifice designed to accommodate a certain number of persons ; the principles of construction prove to be defective, and through his want of judgment or ignorance, a multitude of lives are lost, injuries inflicted, &c. Is the architect in this instance held to a strict accountability ? Was there ever an instance in which punishment was inflicted for this sort of mal-practice ? Other illustrations could be cited ; but this will suffice. Now compare the actual responsibility in the two cases. The architect in his constructions has every element at his disposal. The strength of material, the principles of mechanics, &c., can all be mathematically determined and applied. Hence, there can be comparatively no excuse for error of judgment or ignorance. How different the problems which are to be solved in medical practice, where the elements are ever varying, rarely if ever to be estimated with mathematical precision, and where the result is constantly liable to be affected by contingencies which cannot be foreseen and provided against !

The truth is, society is guilty of a grievous wrong toward the Medical Profession in this particular ; and this is one of the many instances exemplifying the fact that the duties and responsibilities of the public toward the profession, are, as it is most charitable to think, very imperfectly understood, and, consequently, very imperfectly performed. Society avails itself of the benefits which medical science confers upon it, but refuses a grateful reciprocation. Its relations have become too much those of a tyrannical task-master, rather than those of a fostering and indulgent parent. In thus expressing ourselves with some warmth, it may be proper to say, that our feelings are not sharpened by any thing derived from our own experience, but have been derived from general observation and reflection upon the subject. If it should appear to any of our readers that our assertions are too strong, or our positions untenable, we shall be glad to have them corrected, and we will willingly afford reasonable space for the expression of different views, if there be any difference of opinion on the subject among the members of the profession. To our mind, the position of a medical man, especially if he practice Surgery, (which is more exposed because the results are more palpable,) is invested with a risk to which it ought not to be exposed. His reputation, which is his all, and should be dear to him as life, is at the mercy of events which he cannot secure himself against. No one, whatever be his character and attainments, is perfectly safe. Public opinion demands that he shall not decline any responsibility, and yet by assuming it, he may incur the danger of becoming the victim of personal malice or cupidity, which invoke successfully in their behalf the tribunals of Justice !

But we may be asked would you have no personal accountability ; would you remove all penalties and liabilities ? We answer, no. We would have a substitute for the present method of repressing ignorant assumption, recklessness and neglect, which would involve less liability of personal injustice, and at the same time be more effectual in accomplishing the object, which is, or should be, to prevent the evils by proper penalties. We are not prepared, if we had space, to present any matured plan. The great principle, however, of the reform which we would advocate, is that the adjudication and presentment of cases of mal-practice should be made by the medical profession itself, and the penalties, excepting in extraordi-

nary cases, should be reprimand, suspension, or expulsion from the Profession with subsequent disability to practice. For most cases these would afford punishment sufficiently adequate to the fault. It would do away with the sordid inducement now held out to unprincipled individuals, to endeavor to speculate upon the ill success, or, it may be, the errors of the medical attendant. Most suits, are, as we all know, dictated by these motives. The details of such a proposed improvement we must for the present forego; they are connected with other matters relating to medical reform, upon which action should be had simultaneously. That any thing can be effected at present is not to be expected, but we trust that the time is not distant, when such a re-organization of the Profession will be accomplished, that by the union of law, public opinion and the sentiments of the profession, the practice of medicine will be rendered more useful to Society, and more satisfactory to the practitioner. In the mean time, reflection, and free discussion, will expedite and prepare the way for future definitive action.

In offering the foregoing remarks at a time when a trial for mal-practice which has excited much interest both in and out of the profession has recently taken place in this city, we deem it proper to add, that they have no intentional reference to, or connection with this occurrence. They were in fact, written some weeks before this trial took place. We deem it proper to state this, because it might otherwise be supposed that we designed some allusion to circumstances or persons involved in this trial, which, especially as the jury in the case referred to were unable to agree, and another trial will probably be had, would be manifestly improper. We trust that there will be no misapprehension on this head. What we have said relates to the general principle upon which all trials of this kind at the present time are based. We find fault with, and complain of the principle itself, without, on this occasion, going into any particular application of it. In the few remarks which we have made, we have contemplated the subject as it affects us, that is the medical profession. But if we were to take another point of view, regarding it from an opposite position—viz—that of Society, or the Public, we should find that the evil results are not limited to the medical profession. Society, in this matter, is not only guilty of injustice to the profession, but is unjust to itself, and faithless to its own interests. The considerations belonging to this view, should also engage the attention of medical men, and through them of the community, but we have already extended this article to such length that we must reserve farther remarks for some future occasion.

Transactions of the New-York State Medical Society, February 1845.

—These make a pamphlet of 177 pages, 82 of which are devoted to the annual address of the President, together with several communications on topics connected with medicine and the medical Profession; and the remainder to the doings of the Society, &c.

We know not what provisions are usually made to distribute copies of the annual transactions; but we fear that hitherto their circulation has been quite limited, even among members of the Profession in this state. It ought not so to be. They possess intrinsic interest and importance enough,

to render it very desirable that the Profession generally in this state, and elsewhere, should have access to them; and if they fail to represent fairly the present condition of medical Science and the medical Profession in the Empire state, this will be the most effectually attained by giving to them as much publicity as possible, thereby enhancing the personal interest and responsibility of the members of the Profession in their character. We are glad to see among the resolutions of the Society, one recommending to the several county Societies to furnish each member with a copy. We hope the Societies will consider this recommendation, and act accordingly.

The address of the President, Joel A. Wing, M. D., is upon the Subject of *Spinal Irritation*. His remarks are wholly of a practical character, and appear to be based on his own experience. They coincide, mainly, with the observations of others who have devoted attention to this interesting and important department of Practical medicine. We commend the article to the perusal of our readers, and especially to those (if there are any such) who are still neglectful of the subject. By far the larger proportion of cases which fall under the observation of the practitioner, according to our experience, involve to a greater or less extent, the pathological relations of the spinal cord, and the Physician who fails to recognize these relations, must constantly find himself in a labyrinth of symptoms, without any clue to guide his steps.

The succeeding papers are communications transmitted from County medical Societies, and are as follows: *on the condition of the medical Profession*, by G. W. Green, M. D.; *on the progress of medical Science*, by Simon A. Cook, M. D.; *case of Lithotomy, in the female*, by A. Baker, Jr., M. D.; *Medical Education and Legislation*, by Geo. H. White, M. D.; *Botany*, by Dr. Joseph Bates. They are all creditable productions, but our limits preclude any analysis of them, and we must therefore refer the reader to the articles themselves.

A large share of the proceedings of the Society relate to Medical Legislation and Medical Reform. With reference to these important, and, at the present time, exciting topics, several communications were received from various county Societies. The predominant sentiment appears to be against the propriety of petitions or applications of any nature whatsoever to the state Legislature. In this view we heartily concur. Of the prominent plans which are proposed by those who desire to see a change in existing laws regulating the practice of Physic and Surgery, and in general, of the subjects of medical Legislation, Education, &c., we purpose to offer some remarks hereafter. But without reference to the abstract merits of these subjects, we think that at the present juncture, a proper sense of self-respect requires that the matter should be left entirely in the hands of Legislators and the Public. So long as it is imagined that medical Science, and the medical Profession, are dependent on Legislative protection for their character, and capability of usefulness; while our uncompromising position with regard to Quackery in its Protean shapes is attributed to motives of selfish jealousy or apprehension, instead of a philanthropic regard for the safety and welfare of the Public—in short, until a more just appreciation of medicine, as a science and profession, more generally obtains, we are clearly of opinion that a due regard alike for our own dignity, and the public weal, forbids any effort,

on our part, to obtain the enactment of new laws, on any modifications of those which now exist. We have no fears but that the time will come, when the Public will become satisfied that its own interests are chiefly involved in the issue which has been made between regular and irregular practitioners; and that the time will come too when the co-operation of the profession for the public security and welfare will be as anxiously solicited, as it is now repelled with mistrust and insult. To persist in volunteering our aid, unasked and undesired, would not only be derogatory and useless, but would tend by sustaining prejudice to defeat the very object which is held in view. As to the question whether the Profession would not do better independently of all Legislation, we will not in this connection advance an opinion, but we may discuss it at some future time. The action of the Society was apparently in accordance with the preceding views, since the whole matter was postponed until the next annual meeting.

We should be glad to give with some detail an analysis of the various reports, &c., which came before the Society, if our limits permitted. This would be hardly desirable, however, if the work itself is accessible to our readers, which we hope will be the case. The proceedings of the annual meetings of the state Society should be looked for with interest by the Profession. At the present time, especially, they are to be regarded as particularly important. The dignity, usefulness and elevation of the profession, are committed to its own hands. To promote these objects, its members must act in concert; and this can only be attained by a body, composed of delegates from the several county Societies, representing the opinions and feelings of the profession in different portions of the state. As a basis for proper deliberative and concerted action, the meetings of the County Societies should be fully attended, and the important questions of reform, education, &c, fully discussed. The delegates to the state Society should be carefully selected, and they should feel it incumbent upon themselves to attend, unless prevented by extraordinary circumstances. In this way a full attendance at the annual meetings of the state Society would be secured, and delegates would go qualified to represent their constituents, and prepared to act in their behalf. On the whole, we have read the proceedings of the last meeting of the Society with gratification. They are characterized by moderation, dignity and good taste. We are not ashamed to have the published transactions circulate abroad as evidences of the ability and spirit which pervade the profession in the Empire State. Still there is room for improvement; and if a more general emulation could be aroused among the members of the county Societies to contribute papers with a view to their communication to the state Society, we believe there might be collected an amount of valuable material, selections, from which, would be in an eminent degree useful, and confer honor on the Society and State. In this remark we mean no disparagement to the communications which have hitherto appeared. We have already testified to the very creditable character of those which appear in the transactions of the present year, and we doubt not that their authors would freely admit the correctness of the opinion which we have advanced

Treatment of persons asphyxiated from Drowning.—James Stewart, M. D. in a communication to the New-York Journal of medicine, for May,

1845, advocates the importance of reserating to external warmth, as the first and most efficient means of restoration in cases of suspended animation from submersion.

The insufflation of the lungs he regards as a secondary measure, and unless practiced with the greatest precaution, as productive of so much injury, that it is worse than useless. He thinks that Electro-Magnetism furnishes an agent which will be equally effectual in all cases in which the respiratory acts are capable of being excited, and being free from the evil consequences of forcible inflation, should be employed to the exclusion of the latter. Before this can be applied, however, external heat should be made use of. Dry heat would be preferable, but it cannot be made so promptly available. The method which will be most readily adopted, is to envelop the body in a large blanket which has been thoroughly saturated with hot water. This can generally be found in the neighborhood, and a single quart will suffice.

Dr. Stewart sustains his views both by pathological considerations, and cases which have fallen under his observation. For these we must refer the reader to his article.

As the application of heat in the manner just mentioned, can be made by any one, and it is of immense consequence to avoid the delay which must often occur before a physician arrives, it is highly desirable that information on the subject should be generally diffused.

LATE SURGICAL PUBLICATIONS.

New Elements of Operative Surgery, by Alf. A. L. M. Velpeau, Surgeon to La Charite, Paris. Translated by P. S. Townsend, M. D., New-York; notes by Dr. Mott, with several hundred pages of entire new matter, &c., &c., in 3 vols. 8vo., 1845. (From the publisher, Henry G. Langley, N. Y.)

With this work in the original we were already somewhat familiar, and have believed it to be one of the most complete systems of Operative Surgery extant; containing as it does, not only the authors own, but also all other modes of operation, which, either from the ingenuity or reputation of the inventors, have any just claim to notice.

In most of the views of Velpeau upon Surgical practice, the American readers will find no ground of difference. Yet upon the great point of "Union by First or Second Intention" after large amputations, a difference of opinion certainly does exist; nor shall we be prepared to adopt his peculiar treatment of all fractures by "dextrine." It will however, be seen, that upon neither of these points is his practice without argument or defence.

The American edition, of which but one volume has yet been issued, is greatly enlarged from the original by "notes and additions," not *written* (as we were led to infer they were from the title page) by Dr. Mott, but written and compiled by Dr. Townsend, and *approved* by Dr. Mott; yet they are none the less valuable.

F. H. H.

The Principles of Surgery, by James Miller, Prof. of Surgery, in the University of Edinburgh, Surgeon to the Royal Infirmary, &c., &c., 1 vol., 8vo., 1845. (From the publishers, Lea & Blanchard, Philadelphia.)

This is the last from that inexhaustable fountain of surgical authors, Edinburgh. Lizars, Symes, Liston, Ferguson, and Miller, have followed

in rapid succession, and now scarcely has this last been announced from the English press, when an American edition is before us.

We have examined the work carefully, scarcely expecting however upon the "elements of surgery" any thing new. In this we have been greatly disappointed. It supplies much that was needed in surgical pathology, a department of surgery hitherto almost entirely overlooked by our surgical writers. The author is also evidently a sound, practical man, and to all such readers it will not fail to recommend itself. F. H. H.

The first lines of the Theory and Practice of Surgery, including the principal operations, by Samuel Cooper, of University College Hospital, London; with notes and additions by Willard Parker, of the College of Physicians and Surgeons, New-York, 2 vols., 8vo. (From the publishers, S. & W. Wood, N. Y.)

We were delighted to see this new and beautiful edition of our old friend "Cooper's First Lines." The last (seventh English edition) had received from Mr. Cooper most of those additions which the modern improvements of Surgery had rendered necessary, and under the finishing hand of Dr. Parker, it is now made complete. The names of S. Cooper and Parker are alone a sufficient guarantee of the value of the volumes. F. H. H.

Semi-annual meeting of the Erie Co. Med. Society.—The Semi-annual meeting of the Erie Co. Med. Society, was held at the lecture room of the Young Mens' Association, in this city, on the 10th, ult. The Physicians of the city generally were present, but the attendance from the country was unusually small. A committee appointed to take into consideration measures to render the meetings of the Society more interesting, reported in favor of assembling on the next annual meeting at 10 A. M., continuing in session until the business is completed, and then adjourning to some appropriate place and *dining* together. A resolution was adopted to this effect. A committee of five were appointed to report at the annual meeting on the subject of medical legislation, education, &c. A patient with a large tumour on the occiput (probably aneurismal,) presented himself for examination. An agent for Dr. Jarvis' apparatus for the reduction of dislocations, and the treatment of fractures, illustrated and explained their application to the society. It was voted to supply each member of the society with a copy of the transactions of the meeting of the state society for the year 1845, and to subscribe for six copies of the Buffalo Medical Journal, one to be retained in the library, and the remainder to be presented to other county Societies.

The address was by H. M. Congar, M. D. His subject was the importance of popular instruction in Physiology, and the duty of medical men to labor for this object. The various considerations which render this object desirable, and the claims which it has upon members of the profession, were presented with much force and ability.

John S. Trowbridge, M. D., was appointed orator for the next meeting.

METEOROLOGICAL REGISTER.—*Station, Buffalo Barren, N. Y., North Latitude, 42 deg. 53 min.; West Longitude from Washington City, D. C. 1 deg. 53 min. 36 sec.—Altitude of Barometer above Lake Erie 96 feet.*

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EXPLANATIONS—The amount of Clear Sky is designated by figures, as follows: 0 signifies no clearness of mercury run, by wetting the bulb and wiping the instrument in the open air. A line indicates that rain expresses the vertical depth of water (whether rain or snow) in inches or fractions of inches.

BUFFALO MEDICAL JOURNAL

Vol. 1.

AUGUST 1, 1845.

No. 3.

Notes of an European Tour---No. 3.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

DEAR M.—

To-day the hour after dinner has passed as usual, and my few American friends who generally lounge with me, have smoked and talked, and laughed, and dispersed; some to Mabile's, some to the Opera, some to the delicious Gardens of the Luxembourg close by, others to the "Elysian Fields" and Gardens of the Tuilleries across the Seine. Mindful of my promise, I have resisted my inclination to ramble also; and have remained in my "apartment meuble" to write: but barren as my tour has thus far been of "incidents," and promises still to be unless some unexpected providence interpose, I feel alarmed lest I should write more than you will patiently read. And of this particular letter I advise you beforehand that it will probably not contain one single "thrilling adventure," or "moving accident by flood or field," and if you are not in mood for plain didactics and dry statistics, I will thank you to lay it aside for a rainy day.

Of the organization of the Medical Schools in France, I have first somewhat to say. The whole system of Literary and Scientific instruction, if not perfect, is at least in my opinion unrivalled, as doubtless it ought to be, since it was established in almost precisely its present form by the great Napoleon.

Beginning at the apex of the Literary Pyramid—the "Minister of the Interior," presides over the University of France: the University is composed of a council and grand Master, or Minister of Public Instruction, in all ten persons. This body constitutes the highest appeal, and without its consent, no college, academy or primary school can be established. It employs twenty-two "Inspectors General" of studies. It has a library at the Sorbonne, that venerable and sombre building in the "quartier latin," where also free lectures are daily given. Subordinate to the university are twenty-eight academies located in the principal cities of the kingdom. Each academy is composed of several faculties or schools—in twenty-two of which are medical faculties regularly organized, and by whom lectures are given—nineteen are called "secondary" since they cannot confer the degree of Doctor in medicine—this power being reserved to the schools at Montpellier, Strasbourg and Paris.

The academy of Paris in addition to its faculty of Medicine, has also faculties of Law, Theology, Science and Letters.

The Faculty of Medicine occupies the "Ecole de Medicine," and is composed of eighteen chairs and twenty-six professors, two professors being occasionally allotted to the same department.

The base of the "Pyramid" extends much deeper, and may be traced through the several other faculties down to all the elementary schools, upon which the whole of the vast superstructure rests.

The duties of the Medical Professors consist in giving lectures at the amphitheatre of the Ecole de Medicine, or clinics at either Hôtel Dieu, La Charité, La Pitie or l'Hopital de Clinique, according as their places and duties are specifically assigned. The winter course at the amphitheatre commences the 2d of Nov. and continues to the 2d of April. Seven Professors lecture alternately, three and four on the alternate days, each giving three lectures per week, or about sixty during the five months; in all about four hundred and twenty lectures. The summer course commences the 2d of April and continues to 2d of Sept., ten Professors lecture alternately, four and six on the alternate days, giving each three lectures per week, in all six hundred lectures, making the whole amount of lectures during the year, ten hundred and twenty, exclusive of the clinics already mentioned which are given every morning at the several Hospitals. The clinics are four Medical, four Surgical and one Obstetric. The pay of the Professors, is from the government, and varies from 2000 to 10,000 francs. To receive the degree of Doctor in medicine, a student must, if a Frenchman, be a "Bachelor of Letters," and if a foreigner, he must satisfy the examiners by the proper diploma, that he has made such literary and scientific acquirements as are implied in France by the degree of "Bachelor of Letters." He must also present a register of his birth, and a certificate of character. Four years is the time required by law for admission to a final examination; the two last of which must have been passed under the instruction of one of the three colleges authorized to confer degrees, but the two first may have been spent at either of the secondary medical schools. The candidate to be admitted to his final examination must present testimonials that he has undergone an examination at the commencement of every year; has registered his name and paid his inscription every three months. The whole amount to be paid by the student is as follows—

15 first inscriptions at 50 francs each.	- - - - 750 fr.
16th inscription	- - - - 35 fr.
5 examinations, at 30 fr. each	- - - - 150 fr.
Examining thesis	- - - - 65 fr.
Signing diploma	- - - - 100 fr.
	1,100 fr.

The annual number of "eleves" is about two thousand; although those who do not register and therefore do not pay is much greater, four or five thousand. The examinations are public and severe.

There are authorized in France also another class of Physicians, called "Officers of Health:"—To be admitted to an examination for which, six years study are required with a Doctor of medicine, or five years in any Hospital, or three years in any of the medical schools. The candidates are examined by a "Jury," formed in each "department," composed of two Doctors residing in the "department," and one Professor of a medical college. The examination is upon articles of the *Materia Medi-*

ca; and includes a little of Anatomy and Surgery—such as pointing out the bones mentioned upon a skeleton and indicating the uses of the several instruments in a pocket case. Expense of examination 200 francs. "Officers of Health" cannot make any capital operations without the superintendence of a Doctor, and are expected generally to serve simply as attending Physicians in the absence of the Surgeon.

"Sages Femmes" receive also a regular education under instructors and in appropriate Hospitals, and before being admitted to practice, are subjected to a rigid examination; they cannot use instruments, however, without the presence and counsel of a Doctor.

There are now registered in Paris, (and none can practise who are not registered) 1,423 Doctors, 169 Officers of Health of whom 63 are Dentists, 420 Sages Femmes; in all 2,012, or about 1 to 500 of the population.

The penalty against a layman for practicing as a Doctor without a license, may be 1000 fr.; for any Officer of Health who practices as a Doctor, 500 fr.; for a female who practices as a "Sages femmes," without a license, 100 fr. For a second offence the penalty may be doubled, and the offender imprisoned for a term not exceeding six months.

For unlawful procurement of abortion, the penalty is imprisonment and hard labor.

For the revelation of professional secrets, unless by law required, the penalty is imprisonment from one to six months, and a fine of from one to five hundred francs!

A Pharmacist must be regularly educated and licensed; he is not permitted to bring into his shop any medicines or compounds, except such as are authorized by the French Pharmacopœa; he cannot sell a compound without an order signed by a Doctor or Officer of Health. Poisonous substances must be kept in a separate case, of which the pharmacist alone shall carry the key, nor can they be sold to any but known citizens, under penalty of 3000 francs. The Pharmacist must also keep a register upon which those who buy the "poison" shall write their name, rank, residence, the nature and quantity of the drug they have received, the purpose for which they intend to use it, and the exact date of the purchase; and if the purchaser cannot write, it shall be done by the Pharmacist himself, and this under a penalty of 3000 francs.

In the "Rue d'Ecole de Medicine," and not far from my establishment stands the "Ecole de Medicine," a princely edifice, devoted to the use of the faculty of medicine, inaugurated the same year in which our independence was declared, and which so far partakes of the spirit of the day, that although granted by a Bourbon, its halls, museums and all its lectures are free to every one. I should not omit however, to remind you as a Yankee, that it is not unconditional freedom, since no person is admitted to its spacious and beautiful amphitheatre, carrying a cane or other stick, and his head must be uncovered. In all the public museums, galleries, &c. of Paris, canes not only, but even Ladies' shades are excluded. They are usually left at the door in charge of a porter who gives you a card faced with a printed number and affixes a duplicate of the same to the stick, on presenting this card at your return, and paying one or two

sous, the article is restored. Those who value a sous will leave their canes at home.

I have been occasionally to hear Orfila, Cruveilhier and others. The students are always orderly, evincing their preferences by their attendance or absence, and never by clamorous applause, or such pointed and tangible marks of disapprobation as in 1835 disgraced the hall of *materia medica*, at Philadelphia. Orfila has generally a full audience, yet if I may quote the current gossip it is less the man than his learning which constitutes him a favorite. *On dit* that he has during many years, prostituted his talents and reputation as a chemist to the conviction of all persons accused of poisoning, whether really innocent or guilty, indeed that he occupies in all criminal cases of this character a "mean between accuser and executioner." I am especially told that he is charged with having by unfair analysis obtained the conviction of the celebrated and accomplished madame Lafarge, accused of having poisoned her husband, and who is now in prison for life. An old charge is also, lately revived,—that in 1833 by secret order of the king he with others visited the Duchess de Berri, then a prisoner in the fortress at Blaye, and that for state purposes and by force he endeavored to obtain evidence of her dishonor. Moreover he is accused of having by his influence obtained the elevation of a person, by the accusers styled a "noted empyric," to the membership of the Royal Academy of Medicine,—to the rank of Chevalier and lastly to the place of surgeon to "l'Hopital des Enfants Malades." This man is the famous Guerin, the tenotomist and a greater vivisector than Magendie, since he has cut forty-two tendons in one single "seance," in the same patient! Still other charges are rumored, but of a character so grave that without additional confirmation, I dare not repeat them.

Against some of these charges, formally made by a member at a late meeting of the academy of medicine, he has written an elaborate and perhaps satisfactory defence: For myself I cannot but think that much that is said of Orfila must be put down to a malicious desire on the part of his rivals to rob him of his laurels, for I remember that always the tallest trees are most exposed to the lightning. But whether his defence be admitted or not, these things are certain, he is a great man and a great chemist, and his opinion is and will be regarded as authority by all the courts of France for years to come, whatever to the contrary, his "confreres" may say or prove.

All the professors whom I have heard at the *Ecole de Medicine*, as also most of the clinical lecturers at the hospitals, sit while speaking. It surprises me that a Frenchman so full of fire and action as he usually is, can submit to such a stupid custom, since it is much more difficult in this posture to hold the attention of the listener, and to the speaker more fatiguing, yet it *may* be more dignified.

The Museum attached to the "*Ecole de Medicine*" contains many rare and curious specimens, and among other things a model of Bebe, the dwarf who belonged to Stanislaus, king of Poland. In 1761 he was twenty inches high and twenty-five years old, and was to have been married to Anne Souvray, of the same age, but he died that very year. "Madame Bebe," as she afterwards called herself, lived to be seventy years old, and was only thirty-three inches high at her death; she had a sister thirty-five

inches high and seventy-five years old. Had the marriage been consummated we might have had a nation of Lilliputians.

In the large collection of surgical instruments is shown the case used in the autopsy of Napoleon. By-the-by, Mr. Owen showed me in the Hunterian Museum in London, two pieces of the intestine of Napoleon, presented by O'Meara, and preserved in alcohol; they were ulcerated, yet I do not remember that the physicians in their official report of the examination spoke of ulcerations out of the stomach; nor are *these* ulcerations *cancerous*; I have therefore been reflecting whether, considering the discrepancy of opinion in reference to his case, not only before but after his death, by even those who made the examination, we have not a right to doubt the accuracy of a statement which the English government were so much interested to believe, and have so positively put forth that the Ex-Emperor died of a constitutional and hereditary disease.

Opposite the "Ecole de Medicine" is the "Hopital Clinique," devoted to surgical and obstetric cases; it contains one hundred and forty beds. The surgeon is Jules Cloquet, author of several excellent treatises on anatomy, pathology, &c Paul Dubois is surgeon-accoucheur—son of the celebrated Dubois who was accoucheur to the Empress Maria Louisa: and to whom Napoleon made the often quoted and much lauded remark, in reply to the inquiry of Dubois, "what shall be done if we are reduced to choose between saving the mother or child,"—"treat her," said Napoleon "as you would treat a peasant, think only of the mother," and what else could he have said? Had either the emperor or his physician any right to sacrifice the mother for the unborn child under any possible circumstances? It conveyed a base imputation upon the humanity of Napoleon to intimate that he would pass the sentence, and it spoke not well for the heart of the "good Dubois," that he could have consented to make himself the criminal actor, the executioner, in such a drama, even if commanded by his sovereign. But perhaps Dubois knew too well the soul of his master to fear for the answer, and he was willing an opportunity should be furnished him to declare his wishes before those who knew him less. I prefer this construction.

A short distance above the "Hopital Clinique" is the celebrated "Dupuytren museum," founded lately by the council of the university in honor of Dupuytren, who left 200,000 francs for the establishment, of a professorship of pathological anatomy. This hall is open to the public every Thursday, and as it is rich in models of disease and pathological specimens, it is one of the first places in Paris which the medical tourist should visit. The collection of diseased and broken bones is especially extensive and choice. I have spent many hours in a careful examination of these, assisted by a catalogue, and have some interesting, perhaps startling facts to state. (It is but justice to the accuracy of my statements to say that I have foreborne to publish anything except what is sustained by the printed catalogue of the museum, which can always be obtained of the porter and which I have now before me, although in my own marking of the specimens at the time of the examination, the proportion of bones well united is much less than here stated. I have also thrown the whole from my notes, into a tabular form, as being more readily comprehended and more convenient for reference.)

FRACTURE TABLE.

Names of bones.	Total number.	No union.	Union Fibro-cellular	Union Fibro-cellular and ossific.	Union by bone, but crooked.	Union by bone, but shortened	Both Crooked and shortened	Union nearly or quite perfect.
Inferior Maxilla,	2				1a			1
Clavicle,	12				8			4
Scapula,	3				1			2
Humerus,	21	2			8	2	6	3
Radius and Ulna,	2							2
Shaft of Ulna,	7	1			2			4
Olecranon,	2				1b			1
Shaft of Femur,	49	2					37c	10
Neck of F. extra capsular,	12	2	1	2	1			6
Neck of F. intra capsular,	24	16d	5					3
Patella,	8		7e					1
Tibia,	13	1f			7			5
Fibula,	11	1			3			7
Tibia and Fibula	12				4	2		6
	180	25	15	2	36	4	43	55

a. Left condyle displaced inward.

b. United by bone, but fragment much displaced.

c. One united at nearly a right angle with the proper direction; 5 are shortened two inches and a half; one, a transverse fracture, is shortened three inches and a quarter.

d. Of these, eight are recent fractures, and eight are ancient, having formed false joints.

e. No. 205, is separated 4 inches, and No. 206, six inches.

f. False joint.

You are to remember that these bones have been collected mostly from patients treated at the Parisian Hospitals, and although I have already expressed my dissent from the practice of Velpeau, and shall find equal ground of complaint against that of Jobert, yet I am compelled to acknowledge, that taken altogether, I have in no country seen more mechanical ingenuity, dexterity and care manifested in this department of Surgery, than in Paris: in short I ought to say that in every thing which pertains to Manual Surgery, French Surgeons do always excel. The wards of Jobert and Velpeau, large indeed, but small compared with the numerous other Surgical wards, could have contributed but a very small proportion of these bones; and beside, the present practice adopted by these gentlemen is recent, so recent as to render it doubtful whether they have sent to the Museum one single specimen. Let me deprive you also of another objection which may be suggested, that "we see in this not the practice of the great French Surgeons, but rather the practice of the "Internes". On the contrary, it is a remarkable and commendable trait of these surgeons, that they rarely if ever commit a principal dressing to an "Interne," although they are often highly qualified, and in this I shall be sustained by all who are accustomed to Parisian Hospitals.

What then shall we say? are these the results of good Surgery? Some of the limbs perhaps have been permitted by the Surgeon to follow their own "bent"; circumstances often demand this: Some may have been displaced by imprudence of the patients themselves, during or subsequent to treatment; nothing is more common: Some may be the result of

unskilful and blamable treatment; we are all fallible:—but I think the large mass must be regarded as testimonials of how little the very best surgical skill and appliances can accomplish under the most favorable circumstances, in the readjustment and retention of broken bones.

I believe most Surgeons are in error in reference to the power they possess in these cases, and if you also are skeptical as to the fairness of my conclusions, you shall busy yourself in measuring and “leveling” every broken limb with which you meet, and if your observation and mine concur, you will need no farther evidence of the imperfection of this branch of our art. I say this with confidence.

Adjoining the “Musée Dupuytren” is the “Ecole Pratique d’Anatomie,” one of the two public dissecting rooms of Paris; I shall refer to it again.

In this street also are assembled most of the Surgical Instrument Makers, among whom Charrier and Luer have a deservedly high reputation. Charrier has just been made member of the “Legion of Honor.” Not for the battles he has fought and the banners he has taken, but for his skill in the manufacture of Surgical tools! How fallen from its ancient dignity is this

“Star of the brave!—whose beam hath shed,
Such glory o’er the quick and dead.”

since now “the mutable, rank scented many,”—Artisans, Instrument Makers, Chemists, and even Doctors, may aspire to wear this badge of honor and nobility. Scarcely a Surgeon or Physician whose name ever rises above the walls of Paris, but now bears the title of “chevalier.” Azout has received it for his ingenuity in the manufacture of “papier mache,” and yesterday I was told that a certain Pharmaceutist had been presented with the decorations of the order, in reward for his discovery of a new and very excellent shaving soap!

The total number of members in France is about 50,000, of whom are 263 Physicians and Surgeons, 7 officers of Health, 3 Pharmaceutists, and 1 Dentist, in the city of Paris alone. In all this you may note the policy of the “would be citizen King.” But it will not do—Louis Phillippe is unpopular and must remain so despite all his efforts to the contrary.

Charrier resides at No. 6, and Luer at No. 12 Rue d’Ecole de Medicine, and a few doors further down is No. 18, an old building occupied now in front as a “tapis franc,” where upon application to the ugly looking ogresse behind the desk, I was permitted to see in the second story the “very room” in which the infamous Marat was assassinated. The room is small and occupied at present by a Medical Student, who perhaps may hope to obtain a kind of surgical inspiration, by daily and constant remembrance of her, who here successfully extirpated one of the greatest and most malignant fungus excrescences with which any nation was ever afflicted.

Diabetes Mellitus.

Communicated for the Buffalo Medical Journal.

About six years ago, some observations of mine on Diabetes Mellitus, were published in the "Boston Medical and Surgical Journal," under the caption of a "Medical Question"; and were in effect, "whether Diabetes Mellitus might not be symptomatic of disordered Brain?"

In forty years I have seen several cases of Diabetes; some of them have been under my personal care; I have had, also, opportunities to make Post Mortem examinations of some who have died of this disease. I was not aware when the article was published in the "Journal," nor do I now know, that the suggestion had been made, or the opinion entertained, that a disordered Brain might be the cause, or among the causes of Diabetes. The infrequency of its recurrence necessarily detracts from the value of opinions deduced from individual observation and experience. It was hoped, therefore, that the remarks in the "Journal," would attract some notice, inasmuch as Diabetes, considered as a distinct disease, has proved most intractable and fatal. The "Medical Question," however, remains unanswered; and for aught I know, unnoticed—"It fell still-born."

In September, 1842, the late Dr. Ives* of Suffield, Conn. desired me to see his townsman, Mr. Rogers, who had Diabetes.

Mr. Rogers was a farmer, 44 years old, regular in all his habits of living; and had been heretofore a healthy and laborious man. "A staunch New England farmer, who cultivated his own fields, and they yielded a bountiful return." It is not necessary to describe in detail the condition of Mr. R. at that time. It is enough to say here, that he had undoubted and confirmed Diabetes Mellitus;—the symptoms are familiar to medical men.

On explaining my views on the subject of Diabetes to Dr. Ives, he promptly consented to treat Mr. R. with reference mainly to the condition of the Brain. It was some time, perhaps three months after Mr. R. was under treatment, before there was any decided improvement; but from that time he gradually recovered; and I have the pleasure to know that Mr. R. has now comfortable health; and if he is not so stout and enduring as formerly, he is able to superintend and take an active part in the labors of his farm. He has entire immunity from Diabetes, except that strong mental (or Cerebral) excitement from whatever cause, is sure to be followed by discharges of honied urine. Mr. R., notwithstanding, considers himself a pretty sound and healthy man.

I am happy to be able to subjoin a brief history of Mr. R. from his own dictation—three years, now, since the commencement of his indisposition in June, 1842.

"I was brought up to labor on a farm. When I was 16 years old I had an inflammation of the thigh, that resulted in Caries of the bone. This gave me much trouble for several years; often inflaming, suppurating and discharging fragments of bone. In June, 1842, my thigh, which had been entirely healed for eight years, again inflamed, and I was apprehensive

* The profession and public have suffered a great loss in the death of Dr. Ives. He died of congestive fever, after a few days illness, in the middle of life and usefulness, December, 1844.

it was about to break out anew. But the application of poultices dissipated the inflammation, and I had no farther trouble from it. I had been subject to frequent and profuse "nose-bleed" from early life, especially in warm weather, but for some months before the time I now date the commencement of my illness, (June 1842,) I had none of it; and excepting a few turns of it in July following, I had none, nor has it recurred so frequently since as formerly. In June, 1832, I was preparing for the heavy work of summer, haying, &c., and though I labored hard daily, and my appetite was never better, I was, nevertheless, unhappy; my hired men provoked me, and we quarrelled—there was not (so I thought) the usual care and order in my domestic concerns, and I found much fault. I cannot describe my ill-feelings, and I had no assignable cause for them; I was easy and prosperous in my circumstances, and had always been happy in my domestic relations. So went on the months of July and August. My appetite was great, and my thirst inordinate. I often drank in such quantities that the stomach rejected it. In all this time I continued to labor, though it was obvious to myself that I was losing flesh and strength daily. I tired soon, my skin was harsh and dry, (very unusual) and my bowels were constipated, seldom moving oftener than once in five or six days. It was not until September that I became aware of passing an unusual quantity of urine, and my attention was particularly attracted by a singular deposit where some drops fell on my dress. I examined this and found it to be sweet as sugar; this surprised me, and yielding to the remonstrances of my family, I consulted Dr. Ives. It was past the middle of September when I came under the care of Dr. Ives and yourself. I am now, (after three years) as fleshy as I ever was, and as able to labor as most farmers of my age. If I am vexed or perplexed and have a sleepless night or two, I am certain to have discharges of honied urine, with great thirst. But a hot salt water bath and a cathartic restores me; so that I seldom trouble my friends or the doctor. You will allow me to add that the greatest harmony prevails in my family, and my hired men find no fault with me."

Many, if not most of the leading symptoms in Diabetes Mellitus, can be accounted for in no other way than on the supposition of a disordered Brain. It may be ascertained too, always, probably, that for a longer or shorter time previous to the occurrence or development of diabetic symptoms, there has existed evidence of disordered functions of the Brain; and afterward, in the progress of the disease, it will be observed that the patient becomes morally obtuse, stolid, fatuous, and at length, dies comatose, apoplectic; and finally, that Post Mortem examination discloses no sufficient cause of death, except it be the unnatural condition of the Brain.

In 1843, Mr. S., aged 25 years, after languishing a year and a half, died of Diabetes Mellitus. The circumstances of the case were briefly these. Mr. S. left the labors of a farm in Massachusetts, and was employed two years as an assistant teacher in an Academy in Virginia. On his return from Virginia he resumed his farming; it was not long, however, after his return, before it was apparent that he had undergone a great moral change. Instead of the mild, good-natured, and retiring young man that he *was*—he had become irritable, irascible, boisterous, and peremptory. "It seems," said his good mother to me, "as though William

was crazy." It was after this time, and not until it was discovered that he passed an unusual quantity of urine, that he came under my notice and care. My opportunities of seeing Mr. S. daily, as it were, from the time he came under my care, together with the P. Mortem examination, (which will be given below,) led to the views I entertain of the cause of Diabetes Mellitus, as I have succinctly stated them in introducing this case.

The Post Mortem examination of Mr. S. was made with care, and in presence of several medical gentlemen who witnessed what I am about to state. The body was greatly emaciated, a picture of famine and attenuation, and quite bloodless. The organs of the Pelvis, Abdomen, and Chest except a few open tubercles in the apex of one lung, apparently of recent origin, were sound; they had undergone no visible structural change. The Brain, on free exposure, showed at sight, no trace of previous or present disease. The membranes were remarkably white, pellucid and dry. On separating the lobes, the ventricles, also, were found empty and dry. The Brain itself—the mass, resembled its model in Plaster; it was white, firm, hard, and solid, to a degree we had never witnessed before; when cut into, it reminded us of the strumous mamma and testes; and the resemblance was so striking, that the question arose then, whether the change in the substance of the Brain might not have arisen from a similar cause or causes, (be they what they may) that produce analogous changes in the glands referred to.

I take occasion to remark here, that some weeks before the death of Mr. S., when he had become very stupid and senseless, and finally comatose, his urine diminished to much less than the natural quantity, and instead of the sweet and homied taste, it was pungently acid; like drops of Sulphuric Acid in water.

Circumstances antecedent and present, determined our treatment of Mr. Rogers. It consisted in general blood-letting, and topical about the head; and by puncturing the septum now and then, we succeeded, measurably, in restoring the habitual hemorrhage from the nose. He took small doses of calomel and opium at intervals, for some time, interposing cathartics as they were required. The capillary circulation was promoted by general baths of salted water, at, or above 100°; foot-baths with mustard, blisters, &c., &c. He was enjoined a regular diet, though a particular or select one was not insisted on. It consisted of plain, substantial animal and farinaceous food, morning and noon, interdicting all food and drink except at the prescribed periods. After eating, his drink was hot tea—*ad libitum*.

Mr. R. was a man of sense, of sound mind and firm of purpose, and when he was made acquainted with our views of his case, and with our proposed plan of treatment, he submitted himself unreservedly; and by scrupulously guarding against exciting causes, and manfully resisting his sickly craving, he contributed, no doubt, essentially to his cure. F.

The subject of the foregoing communication possesses much pathological interest and practical importance. Modern Pathology has advanced our knowledge of Diabetes vastly, since the time, within the recollection of those of us who are still junior members of the profession, when it was regarded as a renal disease. Recent searches, which have led to a better knowledge of the changes which the alimentary

supplies undergo during the process of assimilation, and of the function of secretion, have enabled us to perceive that the presence of Sugar in the urine of diabetic patients, is the result of a deficiency of that *converting* power, (to quote the term used by Dr. Prout,) by which Sugar, amylaceous and other substances of the aliment, or the separated portions of the organism, are changed into organic products, fitted for the nutritive and other normal functions. Owing to this deficiency of converting power, the Sugar contained in the aliment enters the blood vessels unchanged, and the farina, and other substances, obeying their chemical tendencies, pass into the form of saccharine matter. The Sugar thus exists in the blood, and the only part which the kidneys perform, is to separate it from this fluid. The disease, therefore, has been ascertained to consist (in so far as the development of sugar is concerned) in mal-assimilation, not in mal-secretion. We have thus made great progress in the investigation of this disease; but we have only reached a secondary stage in the investigation. The true proximate cause of the disease is ulterior to the introduction and formation of sugar in the blood. Whence is derived the absence of the normal converting power? This question remains to be answered. It is with reference to this question that the views presented in the foregoing communication have especial interest. May it not be, that this deficiency of converting power, or in other words, this mal-assimilation, to which our investigations have carried us, is, in fact, the consequence of a pre-existing affection of the nervous system? The affirmative to this inquiry is invested with much plausibility from the fact, that in the present state of our knowledge, we must attribute the prime source of all the vital functions to the *vis nervosa* — the assimilatory among the rest. The two cases which our correspondent details are highly interesting and important in this connection. That the disease stands in certain close relations with a disordered condition of the nervous system, these, and other cases, sufficiently attest. But, whether in these relations the diabetic affection be first or second in the order of sequence, or whether both are effects of the same, unknown, ulterior, pathological condition, remains to be definitively settled by future researches. The subject commends itself to, and we trust will receive the attention of practical observers and pathologists.

Our correspondent, who chooses to withhold his name, promises to contribute other papers, as his leisure and inclination allow, on topics which may present themselves on a retrospection of forty years of active professional experience. To express, in behalf of the Journal, our sense of the value of such communications, would be superfluous. It were much to be desired, that practical members of our profession, after long experience, would publish oftener than they do, the important facts, and the prominent views which appertain to their observations and reflections; and we shall be truly glad if our Journal may contribute to any extent to promote this desirable object. An Autobiography of a Physician of forty or more years of active service, which would embrace an account of the anxieties, difficulties, mortifications, temptations, and peculiar trials pertaining to his medical career, as well as the results of his observations and meditations on medical topics; and more than all, which would communicate an honest confession of his false steps, and blunders, as well as his success, would be one of the most entertaining and instructive books which could be written. Whoever, possessing the proper qualifications, will write such a book, will add to the useful labors of the most useful of callings, a legacy of great value to those who are following, and are to follow in his footsteps.—EDITOR.

Cases of Local Irritation, from the Presence of Extraneous Substances.

Communicated for the Buffalo Medical Journal, by WM. TREAT, M. D.

MR. EDITOR : — If the following cases should be deemed of sufficient interest to serve the purposes of your Journal, they are at your disposal.

Foreign substance in the eye : — R. N. age twenty-five, house carpenter, of good habits and constitution, was visited on the 4th Feb., 1844. I learned that on the 12th January while engaged in turkey-shooting, after a round of unsuccessful shots, it again became his turn, when, on the discharge of his rifle, a "*blur*" passed over his right eye, accompanied with no sensation of pain or other inconvenience, save this blur was sufficient to induce him to speak of it immediately to his companions, and call attention from the object of his sports, a successful shot and dead turkey. After some little delay he called upon a Physician in the vicinity, who, on examination with a microscope, diagnosed incision of the cornea, presumed to have been by the percussion cap; the agent was thought to have passed without the eye as it could not be seen, and for prognosis it was thought possible that the pupillary margin might become irregularly shaped. The remedies prescribed not preventing active inflammation, the patient was induced by friends to consult an itinerant oculist, then in the city, who resorted to mercurials; and the patient at this inclement season was in the habit of walking a mile to visit the 'Doctor,' while under profuse salivation. This course did not improve the original malady.

With this, the history, I found on examination chemosis, so that a large portion of the cornea was covered by the projecting conjunctiva, and the visible portion with injected vessels extending over it, and its structure marbled-opake. He was subjected to V. S., cathartics, restricted diet, and a darkened room, with ung. Belladonnæ to the brow. The inflammation was soon removed except a pink, sclerotic, marginal zone around the cornea.

14th February, a superficial ulcer appears upon the surface of the continually opake cornea, which was healed by the 4th of March.

26th March : Patient is severally attacked with symptoms of internal ophthalmia, which alternately were relieved and re-appeared, until the 20th May, when they finally disappeared, *with now marked diminution of the globe of the eye*. Pain complained of, much resembling that, as described, from dislocation of the lens. Traces of the pink zone around the eye continued.

Every few months the patient returned to me from his labor, complaining of great sensitiveness of the globe, orbital pain, and slight conjunctival inflammation, which were readily subdued.

On the 25th June, 1845, he had a return of these attacks, more serious than before, for which I resorted to V. S. $\frac{3}{4}$ xxii, nauseants, with low diet, &c., under which the symptoms subsided, and the patient so far recovered as to walk in procession of the 3d July.

4th July : There was a slight recurrence of symptoms. On the 5th I saw him. The cornea presented in its centre, a slightly transparent, pin-head like projection as though by pointing of an abscess. As vision was lost before my first visit, and had not returned, and there was now

certainly no hope for it, and the globe was not sufficiently contracted to admit of the insertion of an artificial eye, I resolved to discharge the contents of the globe, believing an irritant, probably pus, to be within. A free incision was made through the cornea, and warm fomentations applied to the eye—no inflammation ensued.

8th July : On examination, the globe had not shrunk by reason of the opening. There was found presenting at the incision and where the apparent pointing appeared, i. e. at the centre of the cornea, a foreign substance which was removed by a pointed instrument and forceps, and proved to be *half of the rim or band of the percussion cap*, which was unchanged, chemically, though it had remained in the globe for 18 months.

The thought presents itself, how was effected the contraction of the globe to one half its natural size, when there was no external wound. The result in this case may assist in drawing practical deductions as to the propriety of extracting foreign bodies when known to be, and favorably located within the globe, notwithstanding the authority of Lawrence and others of broken cataract needles *disappearing* without injurious consequences. From the specific gravity of the body—the metallic cap—and the place where it presented, I infer that it must have been imbedded in the lens and thus upheld, with a projecting end to irritate the iris, and on the contraction of the globe, the cornea also, and thus cause the ulcerative absorption of the latter, and pointing, preparatory for its discharge.

While upon the subject of lodgment and retention of foreign bodies, permit me to relate the following, which, though presenting nothing new to the surgeon, may be of interest to him who reads for curiosity.

In 1836, a sailor presented himself with a tumor, situate in the space which may be best designated as the “web,” between the index and median finger; this pricked and pained on pressure. For history, he related that about two years before, he was engaged in rowing a boat for escape from officers of the customs in the West Indies, when a shot struck his oar, splintering it, and injuring his hand. This was dressed after his captivity, and healed kindly, but ever after he had felt this pricking when at labor, *which had not been interrupted on account of it*. He now applied for relief. It was removed and proved on examination to be a piece of wood $\frac{1}{2}$ inch long and irregularly jagged, and perfectly inclosed in a cyst or sack, although it had thus been constantly subjected to motion in this, the hand of a sailor.

To this I add this recent case. Susan ———, a girl at service, who, during the accustomed house cleaning in May last, while engaged in window cleaning, by a rapid and violent downward motion thrust three fine cambric needles, which were sticking carelessly in the sash, transversely into the wrist. Two of them were readily removed as they projected from the surface; the third was imbedded and out of sight. From its position and the resistance which the carpal bones were hoped to have presented to this needle passing eye first, and the external puncture being perceptible, together with the fact that on motion of the hand or fingers, or by pressure over the spot, a pricking sensation was felt, and thus locating it, I was induced to make incision through the skin, though it proved to no purpose, and I could not feel justified to search farther, as

the annular ligament lay immediately in its course. The arm was directed to be poulticed and kept in an elevated position; much swelling of the hand and fingers ensued, and violent pain on attempt to move them. The swelling soon began to subside, and on the expiration of two weeks from the accident, the patient resumed her labor, experiencing only a slight pricking sensation when employed in the most *trying* labor, that of washing and wringing clothes. That the needle should not cause more inconvenience by reason of its peculiar location, renders this case a curious one, and the citation of it may serve to allay the anxiety of many who are often subjected to exposure, and often have needles thrust in the ball of the thumb when engaged in clothes washing.

That this needle will pursue the course of the many cases related of their tribe, and find its way to the surface, there is reason to believe, in accordance with that beautiful law of Nature which causes all foreign bodies to tend outwards, unless, as by rare exceptions, she rounds off angles, and clothes and guards them with cysts to restrain them from producing serious injury.

Buffalo, July, 1845.

Anaplasty.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

Anaplasty, or the art of reconstructing mutilated and destroyed parts, although in some way very ancient, has but recently attained its greatest perfection. Perhaps, indeed, we should not be allowed to speak thus boastingly of the improvements of the present age, when we remember that Dujardin has recorded of Esculapius that he replaced and made to unite, the head of a decapitated woman! and that Sedillot has affirmed of a soldier that "*decapiti par un enemi, fut guerri par un paysan,*" unfortunately, however, the peasant placed the head wrong side before, and rendered him of no farther service to the army except as a rear-guard; and since by Rabelais we are assured that Epistemon having lost his head, Panurgus had the skill to make it unite again "*veine contre veine, nerf contre nerf, spondyle contre spondyle,*" and thus to affect a most perfect cure, "except that his voice remained hoarse, and that he had a dry cough, which he never was relieved of but by the aid of liquor"! These are indeed marvelous cases, and might go far to show that Anaplastic Surgery had rather retrograded since the days of Esculapius. But if the present age cannot record any one operation so wonderful as those just related, it may, at least, boast that the art of "restitution" has been greatly extended.

Tagliacozzi was among the first who (after Esculapius!) attempted to restore lost organs, by whom the operation was confined, however, to the formation of new noses; and it is only within a few years that it has been made to apply to the restoration of more or less of almost every portion of the external superficies of the body. To the art in general the term "Anaplasty" or "Autoplasty" is now applied. While the specific forms of Anaplasty are designated by appropriate and distinct appellations.—Anaplasty has been performed in various ways.

First—by removing a portion of living texture from one animal to another and compelling it to unite ; as in the engrafting of the spur of one cock upon the crest of another : the transplanting and uniting the tooth of one person to the socket of another, and even the tooth of a lamb to the socket of a young lady ; (related by Mr. Twiss of Kerry Ireland.) It is said even that in this way a man has been robbed of his nose to supply the defective organ upon the face of another.

Second—by supplying the deficiency from textures furnished by the same body, but wholly disconnected from the part to be restored. It is thus that M. Dutrochet relates an operation for restoration of the nose, made by an Indian, who selected a place “*de la fesse*” which he tumefied by blows with a slipper, and from this integument thus rendered active and succulent, cut out a piece and restored the nose.

Third. *Italian process*—by obtaining integuments, &c., from parts naturally remote, but which by position can be brought into contact with the part to be restored. Thus Tagliacozzi brought the arm in contact with the face and secured it there until a flap *partially* detached from the arm had been made to unite with the face.

Fourth—by cutting from a part *naturally in close proximity* and uniting the flaps to the mutilated organ, before it has been completely separated from its original seat, (as in the third method.) Of this method there exists two principal and many subordinate modifications.

First—the Indian method, which consists in forming the flaps with a narrow pedicle and applying it to its new seat by reversion, or twisting.

Second—The French method, which consists in forming the flaps with a wider pedicle or base and stretching it into its new bed, without any torsion.

One or the other of the two latter methods, more or less varied, are now generally preferred.

In the two first cases below reported it will be seen that I selected the French method, or the method “*par glissement du lambeau*,” as being always preferable to the Indian, wherever the cellular texture and integuments are sufficiently loose to allow the requisite extension ; since it is less liable to loose its vascularity and to slough than when torsion is practiced.

Blepharoplasty.—Albert P. Heib, of Seneca Falls, aged 18 years. In consequence of small pox about one year since, almost the whole integuments of the face became permanently thickened and indurated, and covered with pits and seams. The only portions of the face which are not thus thickened, &c., are the upper eyelids and a crescent shaped portion of integument below the eyes, of one inch and a half in breadth, by one inch in depth at the widest part of the crescent. Both of the under lids are inverted and drawn down in the center ; exposing upon each cheek a red and spongy texture nearly in the form of the letter V, with its base upwards ; which base corresponds in breadth with the space between the outer and inner canthus ; and its apex extending downwards about $\frac{1}{2}$ of an inch, or nearly to the lower margin of the crescent.

In this case no integument could be borrowed from the adjacent tissues to supply the lids, as there was none in a fit condition. To make the operation from the arm was not to be preferred. I therefore selected a mode which, although novel has proved successful.

Operation, January 8, 1845. First—I made an incision in the form of the letter V, with its base upwards, corresponding, of course, to the shape of the deformity; but commencing about three lines from each canthus, so as to leave in all, half an inch of tarsal margin. These incisions being intended to scarify and expose a clean surface for adhesion, were carried upon the sound integument, near its border, and were made to extend below to the indurated integument before they met, the thread like border thus intercepted being immediately dissected off.

Second—the knife was passed around the whole convex edge of the crescent; along the line between the sound and indurated integument.

Third—the two flaps formed between the outer sides of the V incision, and the crescentic incision, which incisions intersected each other at the apex of the V, were then dissected up to the margin of the tarsus.

Fourth—the opposite flaps were now “slid” up and two small sutures made to unite them; the first being passed through the tarsal border, and the second a little below. The force required to bring the tarsal margins together, although half an inch had been removed, was very inconsiderable.

Fifth—a very slight compress sustained by one or two small strips of adhesive plaster completed the dressings.

Dec. 13—removed the sutures—union complete—continue light dressing.

Dec. 16—the eyelids close perfectly. The space, below the flaps which were carried up, is beginning to cicatrize by formation of new cutis. Applied a small compress under lower lid to prevent as far as possible its depression during the cicatrization.

On the 16th Jan., I operated in the same manner upon the opposite lid and with equal success. The patient returned home on the 18th (contrary to my wish.) The cicatrization of the raw surface had already made considerable progress in the first eye operated upon, and the lids still retained their position. I however, warned the lad that against a *partial* return of the deformity, he had no guarantee. Says Velpeau, “whichever method we take, the eyelid the best reconstructed, rarely fails to become again deformed” (*de se de’former de nouveau.*)—By which he explains himself to mean that *some degree* of deformity, generally vastly less than before, returns.

Cheiloplasty and Relief of Permanent Closure of Jaws.—Miss —, of Yates Co., aged about 18 years—has a permanent closure of jaws, with deformity of mouth, in consequence of excessive salivation, ulceration and sloughing, during infancy. Mouth can now be separated only 3 or 4 lines: most of teeth of left side removed by the disease: left angle of the mouth very much elongated and drawn down.

Dec. 5th. 1844.—*Operation.* First—the integument was carefully dissected from left angle of mouth to the distance of eight lines upon each lip, for the purpose of coapting and restoring by adhesion an equal length to the mouth on both sides of the mesian line. Second—the firm callous adhesions which held the jaws together, were divided with a probe pointed bistoury, cutting horizontally, also upwards and downwards, outside of the alveoli, until all the contractions were severed. The jaws were now easily separated to twice the former distance; but no violence was used, as it was proposed to accomplish this gradually, so that the articulations should

not suffer. The hemorrhage, at first considerable, soon ceased spontaneously. Third, a piece of wood properly carved and made smooth, was now introduced outside of the alveoli, to prevent renewed adhesions between the alveoli and cheek. Fourth, the abraded lips (first incision) were brought in contact and retained by 3 sutures, over which adhesive straps, light compresses and rollers completed the dressing. Water gruel, rice, &c., directed as diet.

10th. A small apparatus placed between the front teeth (which had previously been kept asunder by wedges) for the purpose of producing a gradual and steady separation. The piece of carved wood also removed and lint substituted. The wood has answered an excellent purpose in thus far preventing adhesion.

The patient returned home in about three weeks from the date of the operation, the wounds having entirely healed, and the jaws separating easily an inch. She was advised to continue to wear the apparatus between her teeth except when eating, as it does not interfere with the speech, and gradually to increase the separation.

The apparatus of which I speak consisted of a male and female screw, each 5 lines in length, supporting at their opposite extremities two silver caps which were fitted to an upper and lower front tooth. The two portions of the screw being then closed into one another and the caps adjusted, they were made to separate by introducing a small steel lever through a fenestra in the male screw and turning.

Rhino-plasty.—Elias Beardsley, of Catherine, Chemung Co. aged 11 years, in consequence of an extensive lacerated wound, received when 4 years old, had lost a portion of right ala of nose, accompanied with a closure of the nostril immediately below the point of deficiency. Two unsuccessful attempts to restore the nose had been made, one in 1840 and the other in 1842.

Operation, Nov. 30, 1844. The natural channel having been previously opened by a trocar, the operation for restoration of the side of the nose was commenced. First, the edges of the deficiency were freely excised with a scalpel. Second, two parallel incisions were made, commencing at the upper and lower outer angles of the opening, and extending outwards and downwards one inch and a half: the intercepted portion of integument was then dissected from the subjacent tissues and permitted to continue attached to the remaining integuments of the face only by its base. The operation was now suspended a few moments to allow the hemorrhage entirely to cease. Third, while an assistant supported the cheek, the flaps of integument were drawn forcible up and secured accurately by six delicate sutures to the abraded edges. Fourth, the assistant still continuing to sustain the cheek, several strips of adhesive plaster, broadest upon the face, were laid obliquely from the angle of the jaw upwards and forwards across the bridge of the nose, terminating upon the forehead. These served effectually to prevent all strain upon the sutures. Fifth, a light dressing consisting of a small linen rag covered with cerate.

Dec. 4th. The straps have been carefully renewed each day. To-day removed 3 of the sutures.

Dec. 5th. Removed the remainder of the sutures; the adhesion of the flap is complete at every point; continued adhesive plasters and a simple dressing.

Dec. 11. To-day I separated the base of the flaps from the face (which continued to pull forcibly upon the nose whenever the adhesive plasters were removed,) introducing a long narrow pledget of lint to prevent a reunion; adhesive straps discontinued.

The lad returned home about the 20th entirely cured.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Quinia in Typhoid, and all other Fevers.—Prof. Mitchell, of Transylvania university, in a communication published in the Western Lancet, for May, 1845, advocates the free use of Quinine, not only in remittents, but in typhoid, typhus, congestive, yellow, “and, it may be, all the fevers named in the books.” To quote his language —“the position I assume here, is plainly, and boldly, this: *there is but one feature, or element in either of the fevers named that is essential to its pathology, and that feature or property, or element bows before the potent sway of the Sulphate of Quinine.*” He gives several instances illustrating the practical application of these views. It is to be regretted however, that they are not more numerous, and given at length, with more detail. We should, also, have been glad to have had a more full and explicit account of the doses which he is accustomed to administer, together with the circumstances affecting the quantity of the dose and its repetitions. He recommends its endermic application in cases in which it is liable to offend the stomach, by means of a cerate, containing it, which is applied to a blistered surface.

Prof. M. is certainly correct when he intimates that the views which he has thrown out in the article alluded to, will strike the minds of a considerable portion of the profession with surprise. We are, however, prepared for them, having been aware of the fact that they are entertained, and practically carried out by many western Practitioners. We have been informed that some who have adopted these views have found them so eminently valuable as means of successful practice, that they have endeavored to appropriate the great advantages which they are supposed to give, by maintaining secrecy, and professing to have discovered a therapeutical method peculiar to themselves. Indeed, we have been told that not only in fever distinguished as idiopathic, but even in the febrile movement symptomatic of local inflammation, this remedy is appropriate and potent in its influence; and that it is by some practitioners freely given under these circumstances with the best results. We have ourselves recently witnessed a single case of pneumonia, in which in the active stage of the disease, it being determinable both by rational and physical signs, ten grains of Quinia were prescribed in the morning and repeated at evening, for two successive days, and in the mean time, or immediately following, the febrile symptoms became strikingly less, and the general condition of the patient greatly improved. We are by no means prepared to deny that the amendment in this case was merely a coincidence. A single fact of this kind, of course, affords no occasion for a positive deduction. Negatively, however, this single case is valuable. It goes to prove, at least, quite conclusively that the remedy may be given in large doses, under such circumstances, not only with impunity, but without interfering with the march of the disease toward a favorable termination. This is, certainly, a fact of not a little importance.

Having had some experience with the use of Quinia in large doses, in the treatment of Intermittents; having recommended its administration with boldness and freedom in Remittents under certain qualifications; and having expressed our belief, that acute local inflammation coincident with Intermittents constitutes no solid objection to its use in sufficient quantity to effect the specific object: (see Am. Jour. Med. Sciences, new series, vol. 11. p. 244) we are perhaps more accessible to views which would extend its useful application over a much wider sphere. But in making this remark we do not wish to be understood as concurring with the views entertained by Prof. M. and others. We are sufficiently impressed with their interest and importance to desire the collection and publication of facts, to serve as data for some positive deductions. We wish to have a series of careful observations, made by competent observers. If Prof. M. or others have not now the materials, they might be easily collected in a short period, with a little effort. Let a sufficient number of cases of the different varieties of fevers, distinguished as continued fevers, be submitted to the therapeutical principles of which speaking, and carefully recorded; we shall then have definite, palpable results,

upon which to base positive conclusions. Until these data are furnished, it would be absurd and unphilosophical to form an opinion; the evidence, however, which the article of Prof. M. presents, should suffice to authorize a trial of his principles. Let this be done by different individuals, and records carefully made, and the results will, if brought together, probably soon suffice, either to establish a truth which will prove of immense practical importance, or, on the other hand, to disprove a doctrine, which, if not true, can hardly fail to be pernicious.

The Sanitary condition of the Laboring population of New-York, with Suggestions for its improvement; by John H. Griscom, M. D.—We have been gratified by the perusal of a pamphlet bearing the above title. Its objects are to portray the domiciliary condition of a large portion of the laboring classes in the city of New-York, especially emigrants from foreign countries; to show the connection which subsists between the circumstances surrounding their abodes and mode of living, and their moral and physical condition—the liability to disease, the low average of longevity and the proneness to vice; and to suggest improvements in the organization of the health police, in order to remedy and prevent the evils which now exist.

The author has treated the subject in a plain, perspicuous and forcible manner. The subject is one of great importance, and one which comes peculiarly within the province of medical philanthropy. It is needless to say that the duties of the medical practitioner are not restricted to the mere management of disease, but embrace the employment of the means which his knowledge and influence place at his disposal, to enlighten the community on the laws of vital existence and health, thereby preventing disease, with its accompanying trials and evils. Dr. Griscom appears to have taken pains to inform himself of the actual extent to which the conditions of health and longevity are violated among the laboring population in New-York, by the want of ventilation, close congregation in small apartments, neglect of cleanliness, insufficient drainage and sewerage, and the habitation of damp basements and cellars. He fortifies his conclusions of the pernicious influences of these, by the comparative duration of life, as derived from vital statistics in commercial and manufacturing towns, and the population of rural districts. We regret that our limits do not enable us to give some of the detailed results of his investigations. The evils of which he complains are by no means peculiar to New-York, or to large cities, but exist measurably everywhere, owing, as we believe, chiefly to the general inability to know and appreciate the principles which are involved in the preservation of health, and the prophylaxis of disease. We are not prepared to agree with Dr. G. that municipal regulations, and the supervision of a health police, are appropriate methods of improvement. The diffusion of the knowledge of Physiological laws and the conditions of healthful existence, seem to us to furnish the only efficient and permanent basis for a radical amelioration. When this obtains, public sentiment, and the instinct of self preservation will be adequate to the enforcement of proper sanitary measures, in so far as anything can prevail over human recklessness, and human depravity.

Vital Chemistry — Lectures on Animal Heat, by Thomas Spencer, M. D.. Prof. Inst. and Prac. in Geneva Med. College.—We are indebted to the author for a copy of the above, which makes a neat little volume of 144 pages, 12mo. It embraces four lectures, forming part of the author's course on the Institutes of Medicine, and their publication was by request of his class. The object is to develop the "intimate chemical relations of respiration and calorification," and contingently, those of "all the functions and phenomena of organic life." "If (as he states in his preface) every step has been fortified by ascertained facts, and the deductions have been legitimately drawn, a CIRCLE OF VITAL AFFINITIES, uniting all the structures and functions of the organism, and making each set of capillaries mutually dependent on and balanced by others, in the chemico-vital changes produced upon their passing currents of blood, has been determined." The important questions with the medical reader, are, of course, *has* every step been thus fortified, and *are* the deductions legitimately drawn? These questions we are free to confess our incompetency to answer. For those not practically familiar with analytical chemistry, the work requires more than one careful perusal to speak in any degree understandingly of its contents. The closeness with which the subject is presented, nothing being introduced but what is strictly relevant to the chain of reasoning, gives to it somewhat the character of a complicated geometrical problem, and makes it not a light undertaking to study it as it deserves. On this account those who

have little taste for investigations which are prosecuted *inter tasdia et labores*, will, perhaps, be repelled from its pages. Without presuming to offer an opinion as to the correctness of the positions, or the soundness of his deductions, the work bears internal evidence of the learning, industry and logical acuteness of the author. We regard the object as belonging to a department of medical inquiry, which not only possesses legitimate claims, but is of vast importance, with reference to Physiology and Pathology. If the author has been successful in his effort, he has rendered valuable service to the progress of medical truth, and will receive in due time full honor therefor; but if his argument should be shown to be defective, he will still be entitled to great credit for the acuteness which it displays, and for the enterprise of leading the way in a province of investigation which promises rich treasures to the successful explorer.

On the periodic discharge of Ova, and the function of Menstruation.—The following propositions embody the most important conclusions that have been formed by the best authorities on this highly curious subject:

- 1—Menstruation commences at the period of the *maturity* of the ovaules.
- 2—The final cessation of the catamenial secretion coincides with the abolition of the formative function of the germs.
- 3—The ovaries of women who have ceased to menstruate, never contain the appearance of any vesicles that have recently burst, or that are about to do so.—
- 4—At each menstrual period, the highly excited state of the ovaries induces in the female a decided propension to coition.
- 5—The aptitude for fecundation is greatest on those days that immediately precede the menstrual discharge.
- 6—In all the lower animals the ovaria becomes tumid during the season of rutting.
- 7—Women in whom there is a congenital absence of the uterus, but in whom the ovaria are normally developed, experience every month, all the phenomena of menstruation; the sanguineous discharge alone excepted.
- 10—The catamenial secretion ceases completely in women in whom the ovaria have become affected with organic degeneration.
- 11—It has been asserted by some writers, that lascivious girls have in this respect like the common hen—occasionally discharged ova from the vagina, and that a mere voluptuous thought will suffice *pour ebranler*, these minute vesicles.
- 12—In very many women the menstrual period is preceded by severe colicky pains, attributable most likely, to the turgid and excited state of the ovaries.
- 13—In those who suffer much at these periods, the cavity of the uterus sometimes becomes lined with a soft flocky membrane—a genuine *membrana caduca*—the formation of which is entirely independent of coition.
- 14—Lastly in that singular case of monstrosity, in which two girls, Helen and Judith, were united to each other by the posterior and lower part of the back—the catamenial discharge took place in different quantities and at different times from each subject, although there was a complete anastomosis between the abdominal vessels of the two—*memoire pour servir a l'etude des maladies des ovaires, par Achille Chereau. Paris, 1844.*—In *Medico-Chirurg*—Review for April, 1845.

The general fact that the ova, as it were, ripen and become detached periodically, independently of sexual congress, and that menstruation is a function coincident with, and dependent on this event, seems now to be generally accredited by physiologists. The fact is interesting as serving to confirm the identity between the reproductive functions of the mammiferous and oviparous classes. In addition to its physiological relations, it is both interesting and important in a pathological point of view; and to these we may perhaps add, that it may be found to have certain relations of a practical character, which, in connection with that faculty of the mind termed by Phrenologists *philoprogenitiveness*, may affect for good or evil, society, and domestic life.

Medical Reform in England.—Contemplated changes in the existing laws regulating the medical profession in England, have, of late, given rise to much and animated discussion. A bill was introduced sometime since, into the House of Commons, by Sir James Graham, upon which action has been deferred, in order to call out the sentiments of the Profession, and others, on the subject. Under the influence of these sentiments, the original bill has been once or twice amended. For the details and merits of the proposed reform, we must refer our readers to the British periodicals, a large portion of which for many months past has been occupied with discussions growing out of the contemplated alterations.

The following, which we quote from the *London News* of May 10th, refers to some later amendments of the Graham bill:

“**PHYSIC AND SURGERY BILL.**—SIR JAMES GRAHAM moved the com-
mittal, *pro forma*, of his Physic and Surgery Bill, in order to allow him
to make amendments in it, which he fully explained to the house. He
now proposes that there shall be three colleges—the College of Physi-
cians, the College of Surgeons, and the College of General Practitioners.
He proposes, likewise, to amend the Apothecaries Act, and to obliterate
every vestige of that system of apprenticeship which he conceives to be
injurious and degrading to the profession. He proposes also, to maintain
the Council of Health in its present form, taking care that the general
practitioners shall be represented in it, and that for this purpose two mem-
bers of the College of General Practitioners shall be members of the
Council of Health. The University of London is to be represented at
the Council of Health; either by its Chancellor or its Vice-Chancellor.
After much discussion the bill was committed *pro forma*, and the proposed
amendments introduced; the future stage having been moved by Sir
JAMES GRAHAM for the 9th of June.”

If we may credit the editor of the *London Lancet*, himself a member of Parliament, the bill, with all its emendations, creates almost universal dissatisfaction among the profession.

Buffalo Medical Association.—An adjourned Meeting of the Physicians of this city was held on the 16th ultimo, and a Constitution and Bye-Laws for a City Association, reported by a committee appointed at a previous meeting. After some discussion, these were adopted, the Association regularly organized, and Officers for the year elected. The objects of the Association, as declared in the constitution, are, mutual improvement by the communication of facts, free discussion, and the interchange of views on subjects connected with medicine and the medical profession; the cultivation of social relations, and the regulation of professional intercourse by the enforcement of the practical application of the principles of medical ethics.

With the professed objects of the Association, none, surely, can find fault. They are not merely laudable, but of very great importance. It is, also, needless to say, that whether the present Association shall fulfil these objects or not, is for the medical fraternity here to determine. It *can* and *will* succeed, and produce good results, if we choose to unite in resolving that it *shall* be so.

The Officers chosen for the ensuing year are as follows: *President*—JOSIAH TROWBRIDGE, M. D.; *Vice President*—ALDEN S. SPRAGUE, M. D.; *Recording Secretary*—AUSTIN FLINT, M. D. The Meetings are appointed for the *First Tuesday in each month*.

☐ The First Regular Meeting will be on Tuesday Evening, the 5th inst. at 8 P. M., at the office of F. H. HAMILTON, M. D.

Liebig in Great Britain.—The distinguished Chemist, Liebig, has lately visited England and Scotland, where he has been greeted with much enthusiasm. At Glasgow he received the compliment of a public dinner, which was honored by the presence of titled dignitaries, and distinguished savans. The speeches, &c. are reported in a late number of the *London Lancet*. This periodical, by the way, has published a course of lectures on Chemistry, by Liebig, corrected by himself, which must possess great interest and value.

Medical Schools.—We have received Catalogues and Circulars from the Medical Department of the Western Reserve College located at Cleveland; from the Medical Department of Harvard University, Boston; and from the Medical College of the State of S. Carolina, Charleston.

By the first we perceive that a new college edifice is being erected at Cleveland, and that much advantage is expected from the Marine Hospital now in progress of erection in that place. The Boston School, it appears, has doubled the number of its students within the last five years. The number of the last class was 157. It is also stated in their circular that a "greater number of teachers for the different medical schools of the United States, in proportion, have been taken from their graduates, than from any other institution in the country." The Charleston School appears to be in a flourishing condition. Their last class numbered 196. No. of graduates 94.

Rush Medical College, Chicago, Illinois.—The third annual course of Lectures in this institution, will take place with some changes in the organization of the Faculty. G. N. Fitch, M. D. of Indiana, has been appointed to the chair of Institutes and Practice of Medicine, which was made vacant by our declining a re-election. Dr. Fitch formerly occupied the chair of Midwifery. John Evans, M. D. of Indiana, has been appointed to the latter chair. We are gratified to learn that there are prospects of an increased class for the next session. The location of this school, the interest felt in it by the citizens of Chicago, and the zeal and ability of its faculty, conspire to render it already a flourishing, and, prospectively, a highly successful institution. It is a common impression among the profession that medical schools are becoming too much multiplied, especially those which may be called, relatively, provincial schools. Personal observation, however, would satisfy anyone that with regard to a school located, for example, at Chicago, the question of its necessity resolves itself into this—Shall a large portion of the present and future practitioners of Illinois, Indiana, Wisconsin, Iowa, &c. have the advantages of a school contiguous to themselves, or of none whatever? In other words, a large portion of the medical students will not go to a distant school to attend medical lectures, and if a medical school does not come to them, or near to them, they commence practitioners without this preliminary. We participated in the impression above stated, until personal observation convinced us that it was erroneous. As to the question whether the multiplication of medical schools tends to useful or injurious results, if required to give an opinion, we should perhaps incline to do so in the manner of Sir Roger de Coverly, by deciding that "much is to be said on both sides." The question is an important one, and unless discussed by some of our correspondents, we may undertake it at some convenient season. We will say, however, here, that we are by no means disposed to attach to the number, or even to the character of medical schools the influences which some appear to think flow from this source. The over-crowded state of the profession, and the low standard of medical education, are probably, due to other causes—causes with which medical schools are not identified, but in the effects of which they participate, in common with every department of the profession.

Gastrotomy.—An interesting case in which the operation of gastrotomy was performed was recently communicated to the Tennessee State Medical Society, by Dr. J. E. Manlove, and forwarded by vote of the society, to the Boston Medical Journal, where it may be found—No. for July 23d ult. The circumstances were briefly, as follows: The patient a colored boy, after costiveness for 12 or 15 days, was taken with general uneasiness in abdomen, and febrile excitement; copious blood-letting, and cathartics of various kinds, introduction of flexible tubes, &c., failed in producing a fecal evacuation; great tympanitis took place, with vomiting, difficult breathing, full and quick pulse, and in short, the indications of speedy dissolution. This was on the 4th day after Dr. M. was called. It was then decided to perform gastrotomy. "An incision was made in the median line, commencing about two inches below the umbilicus, and extending down toward the pubis, four or five inches. The peritoneum and bowel along the lower half of the incision had formed a most intimate adhesion, and in cutting through the former, an opening of about one fourth of an inch in extent, was made in the latter. From the opening there proceeded large quantities of flatus and liquid feces, as well as the oil and turpentine which had been taken. On further examination it was discovered that the intestines were united to the peritoneum by extensive adhesions at various points within reach of the finger and probe.

The wound was closed by Sutures and adhesive straps, except the opening into the intestine. The amendment in all the symptoms in one hour was astonishing. On the next day his appetite was good, and he continued to improve and to discharge the contents of the bowels through the artificial anus until the 17th day after the operation, when the bowels acted naturally, the opening being nearly closed."

At the meeting of the society, (nine months after the operation) the boy was exhibited, being perfectly well.

The reporter advocates the propriety of gastrotomy in cases of hopeless obstruction from torsion, invagination, or other causes, as affording a chance of success, and at least, a prospect of temporary relief and prolongation of life. The result of the case given above, certainly seems to sustain the correctness of this doctrine; yet, in this case the success seems to have been due to a happy accident. The incision luckily was made in the right place, and the accidental opening into the intestine equally fortunate. If the result in this case encourages the trial of it in other cases, we fear that few, if any, will be reported.

Chemical Antidote for Hydrocyanic Acid.—Messrs. J. and J. H. Smith, of Edinburgh, have shown that "the effects of a fatal dose of Prussic acid may be warded off by the timely administration of the re-agents necessary for converting the acid into Prussian blue. They found that if a solution of carbonate of potash, followed by a solution of the mixed sulphates of iron, be given to animals very soon after the administration of thirty drops of the Edinburg medicinal acid, containing 3 per cent. real acid, recovery in general takes place, and sometimes but little inconvenience seems to be sustained. The solutions they used were one of 144 gr. carb. pot. in 2 scr. of water, and another composed of gr. iss. sulph. protox. iron, together with gr. ii. of the same salt converted in sulph. of sesquioxide, by means of sulphuric and nitric acids, in the usual way. About 52 minims of each solution will remove the whole of the acid contained in 100 gr. of Ed. medicinal acid; but for certainty, three or four times as much should be used—which may be done with perfect safety." The above is an extract from the late edition of the treatise on poisons by Dr. Christison, which is quoted in the *Medico Chirurg. Review* for April, 1845. In the reprint of the *London Lancet* for January, 1845, may be found a communication from the Messrs. Smiths, giving a detailed account of their experiments, with more minute directions for the preparation of the antidote, and a discussion of the chemical principles upon which it is based.

Number of Medical Graduates and Licentiates during the last year.—The number who have received Diplomas from the Medical Colleges, respectively, of this State, during the last year, are as follows:

College of Physicians and Surgeons,	37
University of New-York,	92
Albany Medical College,	16

These we find among the transactions of the State Medical Society, furnished agreeably to a resolution requesting annual reports. The Geneva College, which did not report, graduated, as we learn from Prof. Hamilton, 46. The whole number is 191.—Seventeen county societies, reported only 8 licentiates.

Surgical operation by Dr. Lewis.—We perceive by the Boston Journal (July 9th,) that our friend, and quondam anatomical teacher, Winslow Lewis, M. D., of Boston, has recently "amputated the whole arm, embracing the scapula and clavicle, having first taken up the subclavian artery. The operation was rendered necessary in consequence of a terrible accident by machinery. Unfortunately the patient died of the injuries he had received."

Circular of the Surgeon General.—The Surgeon general of the U. S. A. has issued a circular to the officers of the medical staff, directing them to make trial of *Salicine* (the active principle of the bark of the common willow) which has been recommended for its *febrifuge* and *anti-periodic* virtues, and to report their observations, on or before the expiration of the current year. He intimates that the results will be given to the profession.

[] We learn that T. Rush Spencer, M. D., late adjunct Prof. of Mat. Med. and Pathol. in Geneva College, has received the appointment of Professor of Mat. Medica in Willoughby Medical College, Ohio, and has signified his acceptance thereof. [Dr. S. has a reputation for talent and acquirement, with a facility for teaching, which promises a career of usefulness and honor in the responsible duties upon which he is about to enter.

Joviniacum. At Auxerre, the capital of the department of Yonne, we again crossed the river and escaping from the valley, proceeded over a much more irregular country towards Avallon; passing the small towns of St. Bris, Vermanton and Lucy le Bois: Avallon was a fortified town before the subjugation of the Gauls by the Romans, and remains of a Roman road, I was told, might still be seen in its vicinity. From Avallon we continued to ascend gradually through Roubray, Maison Neuve, Vitteaux, La Chaleur and Pont de Pany to Dijon, the capitol of Cote d'Or. We were now near the sources of the Rhone, Seine and Moselle, and the air had become sensibly colder, and the soil less productive. Yet you will be surprised to learn that this is the country which produces the Burgundy wines, so celebrated in earlier days as to have given to the dukes of Burgundy the title of "Les Ducs Bons Vins." At Dijon I purchased for two francs a bottle of Chambertin, one of the red wines of Burgundy, and its rich, mellow, nutty flavor surpassed I thought any thing I had tasted in France. Dijon, famous the world over for its mustard; contains about 23000 inhabitants. Here is one of the secondary medical colleges, not authorized to grant degrees, with ten professors, and about thirty "eleves." M. Vallee, is Prof. of surgery, and M. Fleuret in the department of materia medica, is distinguished. Francis Chaussier was born at Dijon and became subsequently Prof. of chemistry and materia medica in this school, which was at that time greatly celebrated.—His contemporaries have called him "the most learned man in the world," being distinguished in almost every department of medicine surgery and natural science; he died at Paris in 1828.

Beyond Dijon we had the first view of the Jura mountains, in the distance; and after a ride of a few hours more, we reached Auxonne on the Saone, near which a considerable battle was fought between Napoleon and the allies; the conductor, a Frenchman, could not tell what battle, nor can I; if every battle-ground of Napoleon's was marked by a cross, the traveller here would need no guideboards, and if every soldier's grave had its marble slab, they might serve as mile stones for all Europe. Farther on we passed through the large town of Dole, whose strong fortifications were nearly demolished by Louis the XIV. While detained at the post I strolled through its beautiful promenade, and past its fine collegiate buildings, and was hurrying to take a peep at the ancient Roman road which once extended from the Rhone to the Rhine, when a shout from a "compagnon de voyage" with whom I had built a special intimacy, hurried me back to my place in the diligence. Leaving Dole we entered the fertile valley of the Glantine; highly cultivated fields extending along the whole route to Poligny, which is situated quite at the base of the mountains. After a brief delay at Poligny, where can always be found the delicious "vin de Mont Rachet," we commenced the ascent, taking the road built by Napoleon, smooth and perfectly secure to the very summit, and presenting at different points every variety of valley and mountain scenery. For many miles we had in view the beautiful and widely extended valley we had just left, covered with vineyards and wheat fields; farther up, the villages scattered along the mountains were picturesque and romantic in the extreme, being crowded occasionally into the smallest possible space within a mountain gorge, with only one street sufficiently wide for a carriage, and the rest mere goat paths; the houses

built of stone even to the roofs, and sometimes partly or entirely excavated from the solid rock. Other hamlets hang upon the sides of the mountain, half way up their steep acclivity, and as seen from a distance appear wholly inaccessible to human footsteps. Here and there also, a ruined chateau, or the remains of an ancient baronial castle crown the summit of a lofty and cragged peak, and for many miles may be kept in view; but in vain you strain your eyes to discover from within its walls signs of human life; no banner floats from its broken battlements, no mailed cavaliers in gay plumage wind from under its massive gateways; and it was well for us perhaps that a more gentle race, the wolf and vulture, now occupied these "robber nests," for in other days no unguarded troops like ours ever rode this way without paying full tribute to each lordly baron.

The peasantry of these mountains seem an industrious and hardy race. We began our ascent at about three in the morning, and as soon as the day began to dawn, the men were seen climbing the narrow footpaths along the mountains, some to their scanty vineyards or corn-fields, others driving a mixed flock of sheep and goats to browse among the rocks upon such stunted vegetation as their thin soil produced, the briar, wild gooseberry and alpine furze. And when the sun was well up, neat and ruddy women with wooden shoes, came clattering over the hills, bringing the simple morning repast, generally a few leeks or radishes, a loaf of black bread and a bottle of cheap wine, the product of their own small vintage.

Les Rousses is the French frontier town, but we were allowed to proceed without detention. Here we began our descent and at the first Swiss hamlet, La Vattey, I was reminded by the peculiar odour of the Inn that this was one of the manufacturing depots of that most offensive cheese denominated Gruyeres, which having once eaten at Paris and often smelt, I had no wish to become farther acquainted with. From La Vattey we took the road through St. Cergues. We had not descended far when emerging from a narrow mountain pass upon an open gallery, a view was presented suddenly and unexpectedly, such as I never before had seen and far exceeding my most lively conceptions. Before me lay an extended valley, "La Pays Vaud," covered with scattered villas, vineyards and lawns, and in its bosom slept lake Lemanus, with Geneva glittering in the noonday sun far down upon its outlet: while beyond, in the southeastern horizon arose the mighty Alps, forming a stupendous line of battlements whose icy turrets were lost and confounded in the white clouds which hung over them. How impossible is it to form any adequate conception of the vastness and majesty of the Alps until they have been seen: Surely in this first moment of rapturous gazing I was more than repaid for all my toil and dangers.

From the summit of the mountain to the plain, and thence along the banks of the lake, to Geneva, was but a few hours ride. At the gate we delivered our passports and crossing two bridges thrown across the "arrowy Rhone" and united by a small island, we were landed just at sunset at the Hotel de Geneve, dirty, hungry and weary, having rode 72 hours without sleep, and with only such eating as in France a country "auberge" affords, and what that is, you will know best when you travel this way.

At Geneva I have spent nearly a week, which has afforded me time to visit all places of special interest. My first business was to call upon Dr. H. C. Lombard, physician to the civil and military hospital of Geneva, whom I found exceedingly attentive, and to whom I am indebted for much valuable information. Dr. L. is not I think over 35 years of age, yet he has already greatly distinguished himself as a writer and practitioner. His medical education was acquired mostly in Paris, but he spent sufficient time in England to render him familiar with English practice, and to obtain such a knowledge of the language as to enable him to speak and write it handsomely. Although he had made his morning rounds, he kindly offered to accompany me to the hospital, a fine stone building forming a spacious court and situated in the upper part of the city. The first thing which arrested my special attention was the prevalence of goitre, with which not only the patients but the nurses almost without exception were more or less affected. To the inquiry whether it was not more common with women than men, Dr. L. replied that he did not think it was with unmarried women, but that in those districts where goitre most prevailed, its development was almost certain after child birth, and that even at Geneva, English and other foreign ladies were exceedingly apt to become affected with goitre immediately succeeding parturition. At Geneva and in its immediate vicinity, the proportion affected with this disease is not so large, but Dr. L. assured me, in the "Valais Canton" about two-thirds of the population were goitrous, the absence of the usual appendage being regarded as a deformity! In reference to its cause, a point so much in dispute, Dr. L. remarked that at Geneva, it was probably not true, as has been stated, that those who drank the lake water were less liable to the affection, than those who drank water only from certain springs in the city, and that in other parts of Switzerland I would find it prevailed mostly in deep valleys, and especially along those which extended North and South, and from which the direct rays of the sun were therefore mostly excluded. I also remarked to him what seemed to me to have some bearing upon the question, that the great mass of his hospital patients were scrofulous; almost every one, under whatever other malady they might be suffering, if the malady was chronic, had super-added also either enlargements of the glands, of the neck, or chronic ophthalmia, or tumefaction of face or lips, or spinal distortion, or coxalgia, or enlargements of the knee, ankle, or of smaller joints. One, a girl about 17, I remember well, as presenting a most hideous picture, the very "tout ensemble" of scrofulous disfigurements; for in addition to many of the local affections already enumerated, her right eye was half protruded from its socket by an enormous irregular tumor, situated upon the antrum, discharging matter at several points, and the whole space between her chin and sternum was occupied by a large, nobby, ugly looking goitre.

The conclusion to which I have arrived then as to its cause, is that it depends upon the same causes, only slightly modified, which usually develop scrofula, an opinion which I shall hold with the right of change, until I have myself visited the goitrous districts, as I propose soon to do.

"First of all," says Dr. L., "the patient, if we would cure him, must be removed from the valley to the mountain, and then" adds Dr. L., "I consider iodine as much a specific, as quinine is for intermittent fever, and quite as certain, provided the remedies are applied early." He

exhibits iodine both internally and externally, having become of late somewhat cautious to avoid iodization, an event which is indicated by a general and rapid marasmus, hectic, and often speedy death. In the only instance in which Dr. L. had seen the thyroid gland removed, the patient died of tetanus; Dr. Bizot, the surgeon, however, remarked that he had removed safely encysted goitre, but would never attempt the removal of a simple thyroid hypertrophy. He also stated that he had found the "*huile de foie de morue*"—cod liver oil, a most excellent substitute for iodine in certain cases, and that he had also extended its use beneficially to cases of simple scrofula; the muriate of gold also he relied much upon in scrofula. The observations of these men I regard of unusual value, from the acknowledged accuracy and honesty of the gentlemen and their unequalled familiarity with the diseases in question. In the surgical wards of Dr. Bizot I saw nothing strikingly peculiar; the straight splint, in its simplest form, is here generally employed, and indeed as the Swiss surgeons are generally educated at Paris, their surgery differs but little from that of the Parisian hospitals.

The second day I spent in a stroll through the city, composed of a mixed population, speaking French, German and Italian; the French language and customs are however greatly predominant. The city is divided into the upper and lower town, in the former of which reside the ancient Genevese aristocracy, in the latter the poorer class of citizens, merchants, artisans, &c. That part of the lower town however, which borders immediately upon the lake and is situated upon the banks of the Rhone, boasts of many large and elegant buildings. Most of the streets are narrow and crooked, and between the old and new town so steep as to render their ascent often exceedingly difficult.

You have heard it remarked doubtless that travellers had found a resemblance between Geneva in New-York and Geneva in Switzerland, and I ought to tell you wherein the resemblance *lies*. If the outlet of Seneca lake was a mighty "rushing" stream, whose waters were shaded with the richest tints of blue and green, instead of a small sluggish and yellow creek; if Geneva *chez nous*, stood quite upon its outlet, instead of a mile above and upon the terraced banks of the lake alone; if the streets were narrow, crooked, dark, damp and paved with solid blocks of stone, instead of straight and open every where to the broadest light of day, except where the maple and acacia lend their delightful shade; if its private dwellings were lofty brick edifices, ranging upon the streets, entered by heavy gateways, and the lower windows secured with bars of massive iron, instead of small, neat, white cottages, with modern doors and green window blinds, each house retiring from the road to make room for a beautiful *parterre de gazon* in front; if its churches were huge masses of ancient masonry, and its inns Astor houses, with princely accommodations, instead of light and graceful specimens of American architecture, and tidy country-houses, with reasonable yankee comforts; if the village of five thousand inhabitants were a compact walled city of 30,000; and more, if instead of being surrounded by an extensive and gently undulating plain, it lay deeply embosomed between mountains "whose vast walls have pinnacled in clouds their snowy scalps," then would one of the most lovely villages of our new republic,

"Which stands amid the seven fair lakes that lie,
Like mirrors neath the summer sky,"

resemble the capital of the free and ancient Allobrogi. Each is beautiful but unique, and to say they are alike, is to rob them both.

I have visited the church of "St. Pierre," in which Calvin preached, a noble and venerable building; I entered the pulpit from which, near three hundred years since, he thundered his denunciations against the impurities of Papacy; I descended and sat where his auditors had sat, upon the same old curiously carved seats. I was also anxious to visit his tomb, and went from the church to the public cemetery, about a mile outside the southern gate of the city. Over the entrance I read "*Hereux ceux qui meurent au Seigneur ! Ils se reposent de leur traveaux et leurs œvres les suivent.*" How beautiful and impressive!

The gate was open, and I asked a grey-headed sexton to point me the tomb of Calvin: and I was surprised that he persisted in saying he "*Je ne sais pas.*" Finding me, however, exceedingly importunate, he conducted me to a spot near the southeast wall of the cemetery, and pointing to a rude bench near a small tree, he said "it is generally believed he is buried near that bench; he is not in the old cemetery, but somewhere in this. I believe it must be about *there*, but do not know positively, nor does any one know; by his own request no mark was ever made to indicate the place of his burial." I gathered a few rank weeds and a couple of large slimy snails which were crawling upon the (in my faith,) consecrated ground, the only mementoes I could find, and which I have carefully prepared, and shall keep for my good Mother.

Returning, a space in the rear of the theatre, not far from the ramparts, was indicated to me as that in which in 1794, during the reign of terror, the scaffold and guillotine were erected, and many of the most respectable citizens of Geneva were executed. It is now a botanic garden, made fertile by human blood.

It reminds me also to say that here in 1553, Michael Servetus, a medical and surgical writer of great celebrity, was burnt at the stake. The circumstances of his death are thus related. Servetus had become a reformer, but in his opinions had far outstrode the doctrines of Calvin, who was then preaching at Geneva, while Servetus was publishing anonymously his sentiments at Vienna. Calvin, who was professedly his friend, and whom Servetus had made a confidant, betrayed him to the authorities of Vienna, and he was immediately arrested and imprisoned, but escaping, and still ignorant of the true author of his exposure, he fled to Geneva. Calvin here again procured his arrest, and a charge of blasphemy and heresy being brought against him, he was convicted and burnt! In the work which led to his death, he had spoken of the passage of the blood through the lungs, a fact in physiology before unknown, and which may be considered a near approach to the discovery of the circulation of the blood.

Geneva, I may say, in passing, has been distinguished as the birth-place of many eminent medical men, with whose names the medical scholar must be familiar—of Mayerne in the year 1573, who was successively physician to Henry IV of France, to James 1st, and Charles 1st and 2d of England—of Bonet the pathologist in 1620—of Le Clerc, author of "*Histoire de la Medecine,*" &c. and of Manget, chief physician to Frederick 3d, King of Prussia, in 1652. Geneva also, was

the birthplace of Jean Jacques Rousseau, Neckar, Saussure, and Sismondi. Am I not already treading upon classic ground!

Yesterday the air was so cheering that I determined to walk to the residence of Merle d' Aubigne, author of the recent great work upon the reformation. He lives at "Eaux Vivant" about two miles from Geneva, and after a delightful walk I found his villa, called "La Campagne de Merle d' Aubigne", surrounded by a small park extending in the rear to the shore of the lake. M. d' Aubigne received me with an agreeable ease and courtesy, and I spent an hour with him very pleasantly. He is, I should think, about 45, tall and well formed, with dark complexion, black hair and eyes, and a rather meditative, but exceedingly pleasant expression of face. He speaks English well, and we talked chiefly of Zwingle, and Calvin, and Papacy, which he declared was on the increase in Switzerland—by emigration however, rather than by conversion. He seemed gratified that his writings had been republished in America, for he had always felt a deep sympathy with all Americans, with several of whom he had become acquainted, and he inquired after them with apparent interest. When I left he grasped my hand with affectionate warmth and commended me to the care of the Great Protector.

I have been to Ferney once the residence of a man to whom Merle d' Aubigne is doubtless an exact antipode. The villa of Voltaire is about five miles from Geneva, near the foot of the Jura mountains. It stands almost as he left it, an old gruff looking chateau, built upon a slight eminence and surrounded by a handsome, but now somewhat neglected park. The "salle de reception" and "chambre a coucher" remain, the attendant assured me, precisely as they were during the occupancy of the "great literary demigod". I am pleased that this has been permitted, since I am enabled to read in the furniture of these two apartments more than volumes of biography could teach. All things here are in such strange and inexplicable contrasts, and groupings as were ever blending in their owners mind, and such as have defied either his cotemporaries or posterity to unite upon his character. The hired panegyrist of an Emperor, and bold subverter of Empires—the satyrist of pomp and ostentation, and the very soul of pride and conceit in himself—a patriot and self exiled—a philosopher and wit—poet and historian—moralist and libertine—an atheist, yet so devout that Spurzheim believed excess of devotion had made him such! Against the dingy walls of these two apartments hang portraits of Frederick the Great, and Washington—Catharine 2d Empress of Russia, and his pretty Laundress—his virtuous niece, and his rouged *chere amie*, Madame de Chatelet—Milton and Lekain—Newton and Corneille—a pet chimney sweep and a nude Venus—Benjamin Franklin in the costume of an American Indian—a picture of his Henriad designed by himself, in which he who wrote "*si Dieu n' existait pas, il foudrait, l'inventer*" is once consistent and has apotheosized himself! Underneath a small engraving of Franklin is written, (composed by Voltaire,)

"Homme du nouveau monde et de l'humanité,
Ce sage amiable et vrai, les guide et les eclaire;
Comme un autre Mentor, il cache a l'oeil vulgaire
Sous les traits d'un mortel, une divinite."

The bed, chairs, toilet table, washstand, &c., are such as might become the cell of an anchorite.

Without, and near one angle of the chateau is a small stone chapel, erected by Voltaire to the God whose existence he denied. The stone over the door bearing the inscription "Deo erexit Voltaire" was torn away by the reformers. Beside it stands a marble monument to his memory; his heart is in the Pantheon at Paris. From the chapel I strolled through the gardens in the rear of the house and along the coppiced arbor where he used to walk; it is nearly 70 years ago that as a feeble, tottering, emaciated, irritable old man, the ancient gardener now lingering, also upon the verge of life, remembers to have followed him through these avenues.

It was approaching sunset, when, returning from Ferney, and about three miles from Geneva, it was my remarkably good fortune to see Mont Blanc unveiled to its very summit. There are not on an average more than sixty days in the year in which this mountain is not wrapt in clouds. "Look! look!" said my conductor, "Mont Blanc! Mont Blanc!"—and for quite fifteen minutes I saw this hoary headed Titan, while the sun was gradually sinking behind the Jura mountains; and for yet fifteen minutes more after he had set to us, could it be seen changing slowly from a pale white, to a dull, deathlike, leaden hue, such as I have seen come gradually over the face of a dying man.

Report of the Wounded at the Battle of Okee-Chobee, Florida, 25th December, 1839.

Admitted, 4th January, 1838, at General Hospital, Fort Brooke.

Communicated for the Buffalo Medical Journal, by R. C. Wood, M. D., Surgeon U. S. Army.

[Our thanks are due to our correspondent and esteemed friend for his very interesting and valuable report, which, when the severity of some of the injuries are considered, present a degree of success which is certainly most extraordinary; and, indeed, we are inclined to doubt if a parallel can be found in the annals of military surgery. While our readers will appreciate the motives of delicacy which induce Dr. W. to pass so lightly over the agency of the medical attendance in contributing to the general result, they will doubtless be disposed to regard, certainly not last, if not first in importance, the judicious instructions of the senior medical officer and director, together with the fidelity, and vigilant care of his associates of the medical staff.

EDITOR.]

BUFFALO BARRACKS, N. Y.

August 10, 1845.

My dear Sir :

In the July number of the New-York Journal of Medicine for the present year, there are a few cases of gun-shot wounds reported (19, of which 7 died,) which injuries resulted from the Kensington riots in Philadelphia. As the wounded on that occasion received the most prompt and able surgical aid, I was induced to refer to some notes of gun-shot wounds in Florida, as illustrative of the effects of climate.

Lake Okee-Chobee is about 100 miles from Tampa Bay. In that vicinity the Seminole Indians collected in large numbers, and surrounded by deep morasses and wide covers of trees, deemed themselves safe, and

invited attack. In that position they were attacked by a column, composed of the 1st, 4th, and 6th, U. S. Infantry, and volunteers from Missouri, all under the command of Col. now Brevet Brig. Gen'l T. Taylor, and defeated, escaping by the lake in canoes, and abandoning many of their killed. Of the regulars and volunteers, 25 were killed, and 127 wounded; of the former were Col. Thompson, of 6th Inf'y, Col. Gentry, of Missouri Volunteers, with several gallant officers of the 6th Inf'y. The battle was on the 25th December, 1837; on the 26th the wounded remained on the field, and received such attention and professional aid, as the nature of the service permitted. On the 27th they were placed on litters, and ambulances, and conveyed to Tampa Bay, which place they reached on the 4th January, 1838, and were taken into the General Hospital under my care, with several able assistants. The proper appliances and treatment were directed, the men subjected to the most rigid and abstemious diet ($\frac{1}{2}$ rations of bread) with simple and light dressings. In this brief notice it will not be necessary to speak of the treatment in detail. Of 59 cases of which I have preserved notes, selected as the most interesting and important, but one died after being received in Hospital—Abram Shaw, of the 6th Inf'y, with fractured femur, very much reduced by diarrhœa which was prevalent; he died some months after the injury. Those of the men permanently disabled were pensioned, the others returned to duty.

I attribute the successful result of these cases—1st, As the most important, the benign influence of the climate of Florida on gunshot wounds. 2d, The very low diet to which they were subjected, with the stringent police of a Military Hospital, together with the excellent supply of medical stores, &c., for the sick in Florida. 3d, It would not be proper to advert to the members of the medical staff in connexion with the above, all of whom are still in service, except to bear testimony to the professional science, and untiring industry of Surgeon Richard Clark, who died in Florida, and to whom the most important of the cases referred to were intrusted. Many who owe their lives and limbs to his skill, will unite with me in lamenting his early death.

The notes appended were taken on the day the men were admitted, in much haste, and are sent you in their original, crude shape. Should you deem them of any importance, they are at your service.

Very cordially yours,

R. C. WOOD,

Surgeon U. S. Army.

REPORT OF THE WOUNDED.

Edward Willis, 4th Infantry—Gun-shot wound in right arm, with fracture of the humerus just above the condyles.

William Drager, 4th Inf't.—Gun-shot wound of fore arm, with compound fracture of the radius.

Thomas Harney, 4th Inf't.—Gun-shot wound through the thorax, the ball entering between the 8th and 9th ribs on the right side, and coming out between the cartilages of the 4th and 5th ribs on the left side.

Philip Dunning, 4th Inf't.—Gun-shot wound—the ball entering at the chin without fracturing it, but merely detaching some small spiculæ of the bone. The ball still remains lodged in the neck. Extracted 6th of January, 1838.

Edward Eaves, 4th Inf.—Gun-shot wound—the ball entering between the 4th and 5th ribs on the anterior part of the left side of the thorax, and coming out on the posterior side of the thorax between the 5th and 6th ribs, a little anterior to the angle.

William Dogherty, 4th Inf.—Gun-shot wound—the ball entering between the 5th and 6th ribs, fracturing the 5th, on the anterior part of the left side of the thorax, and coming out between the heads of the 10th and 11th ribs on the left side.

Daniel Carr, 4th Inf.—Gun-shot wound—in the anterior part of the right leg, the ball passing through the integuments, without injuring the tibia.

William Averill, 4th Inf.—Gun-shot wound in the left forearm—the ball entering about 2 inches below the elbow joint, and coming out on the anterior part of the arm about 4 inches from the joint.

William Johnson, 4th Inf.—Gun-shot wound—the ball entering the axilla of the left side, passing obliquely forwards and downwards, and coming out about the middle of the arm.

John Falvir, 4th Inf.—Gun-shot wound in the abdomen—the ball passing through the parietes of the right hypocondriac region.

Eri Colburn, 4th Inf.—Gun-shot wounds—1st a ball entering between the metacarpal bones of the left hand. 2d a ball entering the neck between the mastoid process and the angle of lower jaw on the left side; its direction cannot be traced. 3d a ball entering the inner side of the right leg about 2 inches below the knee joint. Also two superficial wounds on the left foot.

John Delany, 6th Inf.—Gun-shot wound in the thigh—the ball entering about 2½ inches above the knee joint and rupturing the tendon of the rectus muscle.

Peter Curtis, 6th Inf.—Gunshot-wound in the left hypocondriac region of the abdomen—its course not ascertained.

John Griffith, 6th Inf.—Gun-shot wounds—a ball entering about the middle of the sternum, passing through the integuments without penetrating the thorax, and lodging in the superior part of the right humerus. 2d also a wound in the left hip; the course of the ball not ascertained.

Abraham Shaw, 6th Inf.—Gun-shot wound in the left thigh, with compound fracture of the femur; also wound in 3d and 4th fingers of left hand with fracture of joint of 3d finger, [only fatal case.]

Henry Hergermine, 6th Inf.—Gun-shot wound—the ball entering between the cartilages of the 5th and 6th ribs and remaining lodged in the thorax.

David Dukes, 6th Inf.—Gun-shot wound in the anterior part of the left thigh about the middle. The course of the ball undiscovered. Wound in the left forearm, the ball entering about 2 inches below the elbow joint, and coming out about the middle of the forearm.

David Callison, 6th Inf.—Gun-shot wounds—extensive laceration of the integuments and muscles under the under lower jaw. Wound in the left forearm, the ball entering the inner side of the arm about 3 inches from the elbow joint, passing between the radius and ulna, and coming out on the posterior part of the arm about 3 inches from the wrist. Also a wound in the right arm, the ball entering about 3 inches from the shoulder

joint, passing obliquely downwards and backwards, and was extracted opposite the angles of the 8th or 9th ribs.

Jesse Wilson, 6th Inf.—Gun-shot wound—the ball entering between the clavicle and scapula on the right side and descending into the thorax, where it remains. Is troubled with cough and spits up blood.

William Wilson, 1st Inf.—Gun-shot wound in the left knee, the ball entering on the inside, and coming out on the outside, fracturing the patella.

Bartholemew Driskiel, 6th Inf.—Gun-shot wound, the ball penetrating the back opposite the 5th rib, passing under the scapula, and coming out in the right axilla.

Thomas Jennings, corporal 6th Inf.—Superficial gunshot wound in the right arm—wound in the right side of the thorax—ball entering between the 8th and 9th ribs, about their angles, and penetrating the chest; is troubled with cough, and sometimes spits up blood.

William Philips, 1st Inf.—Gunshot wound on the inside of the right thigh—the course of the ball after entering not ascertained.

John Hannasy, 6th Inf.—Gun-shot wound in the left arm—the ball passing through it about the middle, without fracturing the bone.

James Snow, 6th Inf.—Gun-shot wound in the left arm—the ball passing through it about 3 inches from the shoulder joint, detaching two small spiculæ of the bone. Also a wound in the left wrist, the ball not injuring the joint.

Joshua Runner, 6th Inf.—Gun-shot wound in the right fore-arm, with fracture of the radius.

John Durham, 6th Inf.—Gun-shot wound in right arm—the ball fracturing the radius about the middle of the upper third.

Henry M'Crea, 6th Inf.—Gun-shot wound in the right hand, with fracture of 3d finger—the ball coming out in the palm of the hand.

Bernard Smith, 6th Inf.—Gun-shot wound in left fore-arm—the ball passing through the middle of the lower third, between the radius and ulna, detaching some small spiculæ of the former.

Robert Russel, 6th Inf.—Gun-shot wound in right forearm, the ball passing through between the radius and ulna, without injuring them.

William Cunningham, 6th Inf.—Gun-shot wound in left shoulder—the ball passing through the belly of the deltoid muscle, without injuring the bone.

Michael Kelly, 6th Inf.—Gun-shot wound, the ball penetrating through the integuments over the ridge of the scapula, without fracturing the bone.

David Lamb, 6th Inf.—Gun-shot wound through the left arm—the ball passing through opposite the neck of the humerus, without injury of the bone or large blood vessels.

Martin Van Buren, 6th Inf.—Gun-shot wound through the left fore-arm at the inside of the elbow, a little below the joint, passing through between the radius and ulna, and coming out about the middle of the fore-arm, on the opposite side.

Patrick Dunn, 6th Inf.—Gun-shot wound in the left hand, the ball penetrating between the metacarpal bones of the 2d and 3d finger; its course not ascertained.

Washington Howard, 6th Inf.—Gun-shot wound in the neck—the ball passing through opposite the 3d cervical vertebra very near the body of that bone.

Thos. Slater, 6th Inf.—Gunshot wound in the left forearm, the ball passing through about the middle, with fracture of the ulna—a superficial wound in the left hypochondriac region of abdomen. A wound in the back, the ball entering between the spines of the 4th and 5th dorsal vertebrae, passing upwards without injuring the spinal column.

Lewis Lachaner, 6th Inf.—Gun-shot wound, the ball entering about the middle of the sternum, passing upwards and backwards under the integuments, under the clavicle, and coming out near the neck of the scapula.

William H. Beerman, 6th Inf.—Gun-shot wound through the left shoulder, the ball passing through the belly of the deltoid muscle; also a wound through the right forearm, about the middle.

Robert M'Kown, 6th Inf.—Gun-shot wound, the ball passing under the integuments on the back of the right hand, without injuring the bone; a wound in the left hand, with fracture of second phalanx of metacarpal bones.

William Hooper, 6th Inf.—Gun-shot wound in left forearm, about the middle.

John M'Gillam, 6th Inf.—Gun-shot wound in face, the ball entering the mouth and passing through the cheek.

Alex'r Holmes, 6th Inf.—Gun-shot wound—the ball entering opposite and fracturing the angle of the lower maxillary bone, passing downwards and backwards, and coming out of the back of the neck, near the 5th cervical vertebra.

Ira Keefer, 6th Inf.—Gun-shot wound in left arm, the ball penetrating on the outside, about the middle of the humerus, its course not ascertained; some small spiculæ of the bone were extracted.

James M'Pherson, 6th Inf.—Gun-shot wound on left side of face, the ball passing through the cheek.

John H. Stanley, 6th Inf.—Gun-shot wound, the ball entering opposite the anterior spine of the ilium, passing upwards under the parietes of the abdomen, and coming out at the upper part of the umbilical region.

James Darmody, 6th Inf.—Gun-shot wound, the ball passing through the belly of the biceps muscle of left arm, and then entering the integuments of the thorax under which it was lodged; the ball was extracted: also a wound on the head, merely through the pericranium.

Thomas Taylor, Mo. Vol.—Gun-shot wound through posterior part of thigh.

Golden Wassun, Mo. Vol.—Gun-shot wound through left leg, entering on the outside and passing through.

Parkinson Hawks, Mo. Vol.—Gun-shot wound—ball entering at the superior costa of the scapula, passing downwards, and coming out at the lower and posterior part of the scapula.

William Drunkard, Mo. Vol.—Gun-shot wound—superficial injury of clavicle.

Lorenzo Cottle, Mo. Vol.—Gun-shot wound—ball entering at the sternal extremity of clavicle, and coming out at the anterior process of the scapula.

Harden Wilkerson, Mo. Vol.—Gun-shot wound through the upper part of the left arm.

James Carman, Mo. Vol.—Gun-shot wound—ball entering the upper and inside of thigh.

John Spear, 6th Inf.—Gun-shot wound—ball entering at the 2d rib and coming out at the lower and posterior of the scapula. Attended with difficulty of breathing, cough and spitting of blood.

John Kennedy, 6th Inf. Gun-shot wound through elbow joint of left arm.

James Barnet, 6th Inf.—Gun-shot wound—ball entering the outside of the left arm.

William Moreau, 6th Inf.—Gun-shot wound through right arm.

Powel, 1st Inf.—Gun-shot wound—ball entering at the superciliary ridge of parietal bone, and coming out at mastoid process of the temporal bone.

[¹⁷ An error of date in the caption of the foregoing article escaped notice in correction of the proof. The battle was fought in 1837 not 1839. In the last line of same page for WIDE COVER OF TREES read UNDER COVER OF TREES.]

Luxations.

Communicated for the Buffalo Medical Journal.

At 17 years of age, being a student of medicine, I had read Cheselden's *Anatomy*, and was in the "13th Vol. of Van Swieten's Commentaries on Boerhave's Aphorisms," when the very respectable country, physician with whom I studied was called to reduce a luxated jaw. The accident was novel to him, and making no pretensions to practical surgery, a messenger was dispatched for a surgeon some miles distant. In the interval, before the expected arrival of the surgeon, I found in our library, an ancient, odd volume on "*Chirurgie*", which contained directions "how to set a jaw". "On this hint I spake", and having obtained permission to attempt the reduction, I succeeded. This incident of early life determined me to become a surgeon, and though nearly half a century has gone by, in which there are few operations in any department of surgery that I have not performed with measurable success, no one has ever afforded me the pleasure, the delight, the ecstasy, of this my first essay.

"Old Luxations," are to this day, the opprobria of Surgery. Few surgeons, at this time, feel willing to undertake the reduction of a luxation that has existed 30 days.

A little girl 10 years old, suffered luxation of the hip joint forward into the foramen. The extent of the injury was not discovered until the fourth week after the accident, when a "faculty Council" of physicians and surgeons was convened, who gravely mooted the question, whether at this *late period!* it would be proper or safe to attempt reduction. A negative decision was so far over-ruled that some efforts were made to reduce it, and failing of success *at the time*, the case was abandoned. I am bound to confess that I was one of this bevy of abettors, and I cannot think of the case now without deep feelings of regret and shame.

Miss ——— a young lady of 16 years, had luxation of the hip-joint, backward on the dorsum ilii. It was thought to be a severe contusion only, until the third week; the luxation was then reduced in the usual way, without the aid of machinery.

Mr. ——— dislocated the elbow joint. The injury was mistaken for fracture of the humerus, and dressed with bandages and splints. At the end of four weeks he came to me. The head of the humerus was on the forearm, and the joint ankylosed. The reduction was effected in the

following manner : The body was firmly fixed; very powerful extension and rotation were made and continued, with but momentary intermission, a full hour, when reduction was accomplished. The suffering during the operation was severe indeed, and the subsequent symptoms alarming—rigors, faintings, and spasms, that yielded only after several hours of suffering and anxiety, to large and repeated doses of opium. This was an act of unnecessary cruelty which ought never to be repeated.

Luxations of the shoulder joint are the most common of luxations. Mr. R——, 22 years old, a stout and very muscular blacksmith, had luxation of the right shoulder joint into the axilla. The surgeon who dressed it assured him it was reduced. Seventy-five days after the accident he came to me; the head of the humerus was firmly fixed deep in the axilla, pressing on the axillary plexus, and causing much pain, particularly in the fingers and hand. The reduction was undertaken in the following manner: the arm was moved gently and rotated from day to day, as he could bear it, and wider and wider, until the head of the bone was disengaged from its new attachments, when extension was added to rotation for several successive days, in all I believe eight or nine days, and when the muscles seemed to be sufficiently wearied, the head of the bone was brought up to its place by a powerful effort. The *glenoid cavity* was obliterated, and the restoration of the bone "gave no sign."

The two following cases are of recent occurrence. An Irish ditcher came to me, and this is the history he gave of himself. Four months before, in excavating a sand-bank, a body of earth fell on him and dislocated his shoulder into the axilla. Dr. H., a respectable surgeon, was immediately called, and reduced the luxation without difficulty. The fourth day after the accident he went to his work, and had continued to labor since, without suffering inconvenience. On exposing his shoulder I did not hesitate, at sight, to pronounce it a luxation into the axilla. The acromion process was unusually prominent, and it needed not to be touched, I thought, to decide the nature of the injury. Of course I could not fail to feel great surprise, for I knew Dr. H. personally, and it seemed incredible that he should have left the shoulder in that condition; nor was my surprise abated by the fact that the patient had suffered so little from the accident, and had such full, free and unconstrained motion of the arm. Upon examination by taction, it turned out to be, not a luxation of the shoulder, but what I had not before seen, a luxation of the humeral end of the clavicle. It was, however, still a matter of amazement that Dr. H. took no measures to lessen the deformity. It happened singularly enough, that at this moment, while the patient was with me, I saw Dr. H. passing, and called him in to witness his own "handy work". The doctor looked and expressed more real, unfeigned astonishment than I felt. The condition of the joint did not admit of a doubt; but he solemnly assured me that the luxation of the clavicle did not exist when he last saw the joint. The solution is ready enough; the right shoulder was luxated, and the patient resumed his work with the spade the fourth day after the accident; the consequence was consecutive luxation of the clavicle. Except the deformity, the patient suffers nothing from the accident.

W——, a drunken Irish mendicant, 56 years old, dislocated his shoulder into the axilla. A coterie of surgeons attempted the reduction some days after the accident, and used for that purpose, what I suppose,

from representation, to have been the "screw of Hippocrates." About nine weeks after the accident, reduction was undertaken by my advice in the way, substantially, described in the case of Mr. R. The head of the humerus could be felt deep in the axilla, pressing painfully on the axillary plexus. Motion, extension and rotation, were made as they could be borne, at short intervals, for a fortnight. By these means the head of the bone was brought out of the axilla, and could be felt on rotating the arm, grating on the inferior edge of the glenoid. In this position it was confidently hoped that reduction might be completely effected by a well directed and powerful effort. It was made in the following manner: the patient was laid upon the floor on his back; extension was made as before described; in addition another assistant was seated by the side of the patient, holding with both hands a firm belt passed over the luxated shoulder, and his heel in the axilla. When extension was carried to its utmost verge, the arm was rotated, and this assistant directed at the same time to draw on the belt, and force up the head of the bone with his heel. The effort did not succeed, and it was decided to wait another trial. The axillary glands, however, took on painful inflammation, which precluded all further attempts for a time, and the patient declaring himself satisfied with the relief he had obtained, could not be persuaded to submit to another trial. The deformity was comparatively slight, and no doubt was entertained that for usefulness, the arm would be ultimately well restored. The last attempt at reduction was made about the 1st of July ultimo. On the 3rd August, this miserable man, who had been in a state of daily inebriation for several weeks, fell in the street and instantly expired. Five hours after death the shoulder was examined. An incision was made from the neck over the acromion process, and down the arm below the insertion of the deltoid muscle. In laying off the integuments the attachments of the deltoid and pectoral muscles were severed, and the capsular ligament fairly exposed. In this stage of the examination attempts were made to raise the bone to its place, but they were unsuccessful. The capsule was next divided laterally, laying open the glenoid and showing the head of the humerus resting against the inferior edge. The glenoid was filled with cartilaginous deposit in which were detected some spiculæ of bone. An attempt was now again made to bring up the head of the bone, but it resisted our efforts. Lastly the attachment of what I took to be the sub-scapularis muscle was divided, and the bone was readily brought to its place.

In my life, which has not been a brief one, and with a practice not very limited, I have never failed to reduce a recent luxation of the shoulder joint. My position and relations have been such that I have often been referred to by my less fortunate professional friends, and with equal success; nor do I recollect any serious ill-consequences to have followed the operation. I owe this, no doubt, to the manner of reduction, and I hope you will pardon my egotism and garrulity, in formally describing it. To reduce a luxation of the shoulder joint, the surgeon will need four trusty assistants. If the luxation be into the axilla, seat the patient on the floor, and fix the body by passing a broad belt or band around it under the dislocated arm, and brought over and held firmly by an assistant, on the processus acromion of the sound side. Wrap a damp napkin around the arm above the elbow

and loop over it a suitable strap (or silk handkerchief) to be used for extension; an assistant grasps the arm above the elbow, passing his hand underneath it with one hand, while he takes the arm at the wrist in the other. Bending the arm to a right angle, he raises the elbow *above* a right angle and parallel with the body, *and as much above* as is consistent with the necessary extension, thus removing all resistance from the deltoid and supra spinatus muscles. Another assistant now inserts his hands into the loop of the strap or handkerchief, one on the outside, the other passed under the elbow on the inside. The fourth assistant stands behind "a corps de reserve." The surgeon, standing behind the patient, grasps the shoulder joint with both hands, thrusting the fingers of each deep into the axilla behind the head of the bone, with his thumbs resting (if he can reach it) on the acromion process, directs extension to be made deliberately and forcibly, follows with his fingers the head of the bone as it emerges from the axilla, and when it approaches the inferior edge of the glenoid directs the supernumerary assistant to grasp the arm with both hands above the loop, and while *he* adds to the force of extension, the *first* assistant is directed to rotate the limb; the surgeon at the same time raises the head of the bone with his fingers, and it slides into its place with a loud report. If the luxation be forward, under the pectoral muscle, the arm should be inclined backward in making extension; if it be backward on the scapula, which I have seen but twice (in the same individual) the arm should be inclined forward. I use no machinery. Years ago I was prompted to use the "pullies", but I found them *sadly* in my way and put them aside. F.

July 1845.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

BUFFALO MEDICAL ASSOCIATION. *Address of the President, Josiah Trowbridge, M. D.*—The first regular meeting of the Association was on the 5th ultimo. The majority of the physicians of the city were present, and signified their intention to unite in fulfilling its objects. A case of ossification of the aortic valves, with the morbid specimen, was presented, which led to the discussion of various topics connected with cardiac affections. A committee was appointed to collect statistics of fractures, with reference to the proportion of cases in which a perfect restoration of the limb is effected. We shall speak of this subject hereafter.

On the opening of the meeting, the President Dr. Josiah Trowbridge addressed the association at some length. Dr. T. has kindly acceded to our request to be allowed to present portions of his remarks to our readers. We regret that our restricted limits oblige us to curtail any of their fair proportions.

After some preliminary remarks which we omit, the President proceeded to speak of the purposes of the association.

The objects which we propose to accomplish, as set forth in the preamble to the constitution, are as follows. First, a free and mutual interchange of Medical opinions. This part of the preamble is intended, undoubtedly, to embrace verbal and written communications; reports of cases; minutes of autopsical examinations; in fact, any thing which may be deemed new, extraordinary, or interesting to the profession. This kind of intercourse, at all times advantageous, will be peculiarly so whenever an

epidemic of a malignant character prevails. Most of us, or, at least, the elder members of the profession, recollect with pain and mortification the different views taken by physicians, of the proper modes of treating the several Epidemic diseases which have at different periods visited our country, on their first appearance. On such occasions the public becomes excited and alarmed. Members of the faculty not agreed among themselves, each confident in the course which *he* thinks most successful or most likely to be so; and, probably, not contented with carrying out their own individual views, are too apt to reflect illiberally, severely perhaps, upon the practice of others. Is it strange that under such circumstances the public should lose confidence in the profession; or that they should seek for aid among the hosts of charlatans and quacks, who always infest every community; and who, at least, agree on one point, that they can certainly and invariably cure! It is under such circumstances that an association like this, becomes eminently important and useful, both to ourselves and to the public.

Secondly—To cultivate a friendly intercourse, an honorable and gentlemanly deportment, and a strict observance of medical courtesy towards each other. This portion of the preamble embraces a wide domain. It applies to private as well as to public and professional intercourse. It includes the whole code of medical ethics, whether expressed or understood, as well as moral standing and character. The usefulness, the harmony, and the perpetuity of this association, depend upon a rigid adherence to, and an honest determination, on the part of its members, to carry out in its broadest sense the spirit, as well as the letter of this portion of the preamble. * * * * * It is agreed on all hands that quackery out of the profession is one of the greatest evils of the day, in my estimation quackery in the profession is worse.

After dwelling at some length on the subject of medical ethics, and specifying divers violations thereof by way of illustrations, the Doctor proceeded to speak of the present condition of the profession and the means of improvement. We quote his views on this very important topic.

It is, I believe, generally admitted by the faculty, and, as generally lamented, that the profession is retrograding in professional attainment, in respectability, and in public estimation. This remark is intended of course to be general; that there are numerous and honorable exceptions is most certainly true. If such be the fact, it is well worth while to enquire into the causes. This subject has attracted the attention of medical men throughout the state, and if this *fact* has not been generally admitted, all agree that it is important that some measures be adopted to raise the standard of medical attainment. The measures heretofore pursued to effect the object have been legislative enactments. Unfortunately this method has failed to accomplish the object. The ignorant, the designing and the interested, by misrepresentation and falsehood have succeeded to a great extent in exciting public prejudice. They have represented that we are monopolists, a protected and an aristocratic body; that our system could not be sustained unless supported by legislative enactments, and that these enactments are anti-republican and contrary to the free spirit of our institutions. These prejudices have not been confined to the vulgar

and uneducated, but have extended to the halls of our legislature; applications to that body for enactments for the protection, and solely for the benefit of the public, have been refused; our motives misrepresented and misconstrued; the value of medical attainment derided; and finally, by a deliberate and solemn act of legislation, they have in so far as was in their power, degraded the medical profession to the level of the Homeopathist and Steam Doctor. As an individual of the profession, I am, therefore, opposed to any further applications to the legislature; and I am not sure, indeed, I am rather inclined to the opinion, that it would be better if every law regulating the practice of physic and surgery were repealed. This however, I am inclined to believe, is not the opinion of the faculty generally; the balance of opinion I should think was in favor of maintaining, or rather submitting, to the laws as they now stand. All however, seem to be of the opinion that alteration is desirable, but without agreement as to the mode. It appears to me that it remains with the profession, collectively and individually, and without the aid of legislative enactments, to correct the evils which are acknowledged to exist.

By an united and proper effort much may undoubtedly be accomplished. It has always struck me that the great evil, and one that lies at the foundation of all the rest, is the non-requirement of a good classical education in a student, previous to his being permitted to commence his medical studies. If the state medical society would pass resolutions, recommending to, and enforcing upon the several Medical Colleges, together with the state and county medical societies, not to licence or grant diplomas unless the applicant was possessed of a competent knowledge of the greek and latin languages, mathematics, and natural philosophy; it seems to me that this would go far to cure the evils which are acknowledged to exist. Physicians, also, should be requested not to admit an applicant to enter their offices unless he is possessed of these prerequisites.

In connexion with this part of the subject, I would beg leave to remark, that a custom has become prevalent among the profession in this city, which I esteem very objectionable, viz: allowing students a compensation for the privilege of entering our offices—in fact offering a bounty to unqualified young men to enter upon the study of the profession, as well as imposing an onerous tax upon ourselves. This evil, it seems to me, might be corrected by an understanding among the members of this society that no student be permitted to enter our offices without paying a moderate fee for tuition.

If then the position be correct, that it depends upon the faculty, individually and collectively, to accomplish these important objects, shall we not one and all cordially unite our efforts for their attainment? If I am correctly informed, the faculty of this city have hitherto enjoyed an enviable reputation for their urbanity and gentlemanly deportment towards each other, and for integrity and fairness in their medical intercourse. I doubt not, that it will be the highest ambition of every member of this association, not only to maintain the reputation we have acquired, but to elevate it still higher.

It is unnecessary to commend to the attention of our readers the above, as the reflections of one who unites with great practical experience and eminence as a practitioner, an ardent zeal for the elevation of our profession, and who is distinguished as exempli-

fyng those principles of integrity, honor and courtesy, upon which the dignity, and, in a great degree, the usefulness of the profession depends.

The unanimity and spirit exhibited at the first meeting of the Association authorize the expectation that the objects for which it has been instituted will be accomplished.

Our city readers will recollect that the next meeting is on Tuesday, the 2d inst., at the office of Dr. James P. White. By a resolution of the Association, non-resident physicians of regular standing, are cordially invited to attend the meetings.

The following article has been handed us for publication by a friend and correspondent, who will be recognised by his subscribed initials, as the author of two interesting communications in the first and second numbers of the Journal. Dr. B. has promised for a future number, the report of some cases of Typhoid fever, (as they are regarded by him,) which have fallen under his own observation in this vicinity. In so far as the writer's remarks are in commendation of the communication which he has briefly analysed, we trust not to incur the charge of indelicacy, from our relations to the communication and to this journal. Our readers are, of course, as well as ourselves, at liberty to make due allowance for the partiality of personal friendship.

Isolated febrile epidemics are of great importance and interest, as contributing to shed light on mooted points concerning type, contagion, etiology, &c. The facts which we were able to gather respecting the epidemic at North Boston, appear to us to establish certain conclusions as to the character, source, and diffusion of the disease; in that instance, which, if correct, have decided bearing on some of the points just enumerated; and as we venture to hope, may possess some influence in the determination of opinions on questions of importance not yet settled.—EDITOR.

Account of an Epidemic Fever which occurred at North Boston, Erie County N. Y. during the months of October and November 1843. By Austin Flint, M. D. of Buffalo N. Y.—Such is the title of a highly interesting article of fourteen pages in the last (July) number of the American Journal of the Medical Sciences, which possesses peculiar interest for our readers, as detailing the history of an epidemic which occurred in our midst, extremely fatal in its character, and entirely new to the physicians called upon to treat it. As none of us know at what moment another epidemic more or less similar to the one noticed may occur, and as many of our readers, probably, do not receive the valuable journal in which Dr. Flint has published his statement, it is thought that a short abstract of its principal features will prove interesting and acceptable.

It appears, then, that in September, 1843, a young man from Massachusetts stopped at Fuller's tavern in North Boston, having been unwell for several days; a diarrhoea being among the most prominent and early of his symptoms. He grew worse continually; had the same character of symptoms as the other patients hereafter to be noticed; and when first seen by a physician (which was only six days before his death) was in a typhoid condition, with diarrhoea, (or malignant dysentery as it was called) low, muttering, delirium, sordes, &c. Altogether he lived twenty-eight days after arriving at Boston. From this case, as it is very reasonably supposed, the fever spread, at about the same time, to the members of Mr. Fuller's family, and to those living nearest to his house. The first one was attacked twenty-three days after the arrival of the stranger, and consequently, five days before his death; seven of Mr.

Fuller's family had the fever of whom three died; twenty-one other cases occurred in five families, all being within ten rods of Mr. F. of whom seven died; making in all (excluding the stranger) twenty-eight cases and ten deaths. The whole population of the settlement amounted to forty-three persons only; none were attacked who were over twenty-three years old; the youngest was only one year old; a large proportion were children. Dr. Flint visited them but once, and was able to devote only about eight hours to personal observations. During this time he made an autopsical examination of the body of a child, about twelve years old, who had died with the disease; and took notes at the bed side of the history of nine cases, with the symptoms presented at the time of his visit. The late Dr. Camp afterwards wrote out a brief history of ten cases, which he placed at Dr. Flint's disposal.

From these notes we learn that after a number of days, varying from three or four to ten days in different cases, of general malaise, with more or less lassitude and prostration of strength, pains in the head and back, anorexia, at times nausea and vomiting, with some diarrhoea, occasionally with chilly sensations and feverish symptoms, they were "taken down," in other words obliged to go to bed. Then came chills and fever, which in some cases partook of a marked remittent character, but it is not stated whether regularly so; a frequent pulse, pain in the head more or less violent; with delirium, stupor, muttering when asleep; subsultus; floccilatio; tongue generally furred, and in some cases dry with sordes on the teeth; diarrhoea and tympanites either at the time of the attack, or coming on soon afterwards; cough and expectoration in a majority of the cases; more or less restlessness and the usual concomitants of a low form of fever. These symptoms, as might be expected, did not all appear in every case, but there were always enough of them present to establish the perfect identity of the disease. Those that recovered remained in this state from three to four weeks, and then the fever left them seemingly having spent its force.

No very reliable observations were made for the characteristic eruption of typhoid fever. In several cases Dr. Baker noticed some small elevated spots about half the size of flea bites scattered over the abdomen and chest. His attention was only incidentally directed to them.

In the single post-mortem examination, there was found slight pneumonic consolidation of both lungs; the brain healthy except a slight opacity of the arachnoid, and the collection of about an ounce of serum. There were fifteen oval ulcerations in the lower third of the ileum; the glands of Peyer above those ulcerated, were thickened; the mesenteric glands corresponding to the ulcerations were enlarged and reddened; the condition of the spleen was not noted at the time, and not afterward recollected.

The particular symptoms, then, which distinguished this epidemic, were, 1st, the gradual accession of the fever; 2d the irregular chills and perspirations in many cases; 3d the headache soon relapsing into more or less delirium, stupor, and muttering; 4th the diarrhoea and tympanites present in such a large majority of the cases from the very commencement; 5th cough; 6th the duration of the fever; 7th the age of those attacked, none over twenty-three years of age; 8th the existence in one case, at least, of the lesions found in cases of death from typhoid fever,

except the enlarged and softened condition of the spleen, which might or might not have been present.

These facts, in addition to the want of any reasons for considering the fever as an anomalous form of remittent fever, fully warrant Dr. Flint in the following conclusion, viz: "these considerations collectively appear to my mind to establish by irrefragable evidence, the correctness of the opinion, that the disease in question was *not* our common remittent or bilious fever, but *was* the typhoid fever of New England."

If then we are right in these opinions, we have had among us within two years an epidemic typhoid fever accompanied with an awful mortality. That it exists also among us in a sporadic form we have as little doubt, having within the last sixteen months seen seven or eight undoubted cases of the fever. We think that great credit should be awarded to Dr. F. for his article on this subject, as well as for the care with which he has drawn it up. We hope it may stimulate other physicians to note the cases of fever coming under their observation, and to give the results in this or some other Medical Journal for the common benefit of us all.

We are most lamentably deficient, all through this state, in a knowledge of the fevers which prevail in any particular locality. The only articles on this subject we can at present call to mind, (besides this of Dr. Flint's) not emanating from the physicians of New-York city, are, two published in the transactions of our state Medical Society; one by Dr. Sumner Ely, on inflammatory fever, in Vol. 5, part 1; and the other by Dr. Wm. Taylor, in Vol. 5, part 5, on typhoid fever. Indeed, in New-York city, with as abundant means as they there have, no one has as yet taken up the subject with the zeal, care, and precision of Dr. Jackson of Boston, and Drs. Gerhard and Pennock, or Dr. Stewardson of Philadelphia.

This is not as it should be, as it is probably the fact, that correct ideas of the pathology of fever do not generally prevail among the majority of the physicians of this state. Almost all of them have been taught, and still follow the popular and generally received nosology of Cullen, who classifies continued fevers into synocha, synochus, and typhus. This classification has now, by farther observations, and a more thorough knowledge of our fevers, been pretty well demonstrated to be incorrect; and if not proved absolutely to the minds of some, there is enough to lead every prudent practitioner alive to the progress of medicine during the last thirty years, to doubt its entire correctness and infallibility. On this point it behooves our profession to look upon the progress already made towards a better understanding of our fevers, and to watch the changes which time, the progress of the clearing up and settlement of our country, have made upon their character and treatment; to observe what new ones, either by contagion as in the present instance, or by some epidemic influence, have been introduced, and what old ones (if any) have ceased to exist.

We do not know as it would be worth while to give any thing of a detailed description of a case of typhoid fever, for it would be difficult to give one which would be generally applicable to particular cases. There are no one, two, or three symptoms invariably present in all cases of typhoid fever; no one, two, or three which may not be absent. A case may vary from a general sense of ailing merely, when a person knows he is unwell, and is confined the most of his time to his bed, yet cannot say what is the

matter with himself, nor where he is most sick, down to the worst case of prostration, loss of intelligence, delirium, or stupor, general ataxic symptoms, with involuntary discharges, intestinal hemorrhage and death. All the varieties between these two extremes may exist, and how can one general description be given, which will comprehend all cases!

The *diagnosis* of this fever, then, often exercises peculiarly the judgment and tact of the physician. Some days may pass occasionally before he can be positive in his opinion, especially in some of the latent forms of the fever, or where the brunt of the disease is spent upon some one organ. But experience and caution will in these cases prevent the physician doing any harm by the too active use of remedies. We must remember that it is by a combination of symptoms that we are to judge of its existence. There are the slow mode of commencement, remembering all the while that its accession may be as sudden as that of any of the phlegmasiæ; the headache; vertigo; noise in the ears; deafness; delirium, at night especially; epistaxis, injection of the eyes; a peculiar dull, dirty tinge of the complexion; diarrhoea; tympanites more or less marked; some griping in the bowels; tenderness of the right iliac region; a cough coming on during the second week with sonorous and sibilant rhonchi in the lungs, indicating a bronchitis, and which may pass into a pneumonia, or a pleuro-pneumonia if the case have a malignant type; diminution of the discharge of urine from retention, or the other extreme, incontinence, with involuntary discharges from the bowels; irregular chills and fever and sweating; or but little chilliness with a dry hot skin; well marked emaciation if the case be protracted; and finally, a peculiar red papular eruption on the abdomen, and, perhaps, on the chest and limbs also; it is from a combination of a greater or lesser number of these symptoms, each coming on in its own order and time, that we are to make our diagnosis.

As a case is seen at different times and in different stages, it is liable to be mistaken for some disease of the brain; or a pneumonia; or a bad form of diarrhoea; or a sub-acute gastritis; or gastro-enteritis; or for some disease of the bladder or kidneys; or for a low remittent fever; or, finally, for the true *typhus fever*, a fever as distinct from what we are describing as typhoid fever, as scarlatina from measles. The opposite error may also be committed of mistaking these local diseases for typhoid fever. The *typhoid condition*, or state of the system, ought always to be carefully distinguished from *typhoid fever*.

The *prognosis* of typhoid fever is always grave. It is a very serious disease to be afflicted with. The mortality varies greatly, however, in different epidemics; from over a third, as in the epidemic just noticed, to only one in twenty, as in the epidemic at Manlius, described by Dr. Taylor in the address already referred to. In simple sporadic cases, uninfluenced by epidemic causes, the mortality varies from one death in six of those attacked, to one in ten.

Cases complicated with irregular but severe chills, we have found more fatal than where these did not exist; profuse and continued sweating, constant ataxic symptoms, maniacal delirium or great stupor, retention of urine requiring the daily use of the catheter, involuntary discharges, intestinal hemorrhage, are symptoms betokening danger, while the oc-

currence of pneumonia, or peritonitis, renders recovery exceedingly doubtful.

We have, besides, one constant source of apprehension in this fever. We never know, nor have we the means of knowing, the extent of the intestinal ulcerations. All may seem to be progressing well, the pulse, the skin, the tongue, the intelligence, the discharges from the bowels may all be in as good a state as we could wish; yet there may be one small ulcer working its silent and unseen way toward perforation until its work is accomplished, and in a few hours, after the most agonizing sufferings, our patient may be a corpse! Our prognosis ought always to be guarded, if we mean to speak and practice upon strictly rational and scientific principles.

Having already extended this notice to an unreasonable length, our remarks upon the treatment must necessarily be brief. A great many experiments have been made in the French Hospitals, as to the best mode of treatment, and they seem to have settled down upon the purgative plan. We confess we doubt the propriety of any thing like purging, except, perhaps, for the first few days, when it may seem to be especially demanded. Our treatment must be adapted to circumstances according to the different degrees of severity of the fever. It must be rationally eclectic, having a prudent regard to the future; bear in mind that the fever *must run its course*, and that our great object should be to conduct it to a safe termination. Cases will occur where but little treatment will be needed beyond good nursing; and other cases will be met with, which will put to the test, all the prudence, skill, and resources, of the Physician. Let us all bear one principle in mind, *to do no harm* by our remedies and medicines. An improper bleeding, or emetic, or a dose of physic, even, ill-timed, may cost our patient his life. Let us, therefore, keep constantly before us a just sense of our responsibility.

G. N. B.

Buffalo, August, 1845.

Elementary and Practical Treatise of Internal Pathology. By Grisolle.—This is the title of a recent French treatise by A. Grisolle, D. M. P., Paris; an analytical review of which is contained in the July 1845 No. of the American Journal of Med. Sciences. The work (as appears from the review) is, in fact, a work on Practical Medicine, embodying the pathological and therapeutical principles at the present time current with the most approved of the French authorities. Works of this kind (called, with us, works on Practice) have for a long time been common in England and America, and their convenience and utility have been abundantly exemplified. It appears, however, that they are novel in France, this being the second of the kind which has been published. Their medical literature consists of monographs, treatises confined to special departments; and their dictionaries and encyclopædias, which are too voluminous and elaborate for general use. A compendious digest of approved French pathology and practice, would (if we may judge from our own wishes,) prove a very acceptable volume to the profession in this country. It would supply to those of us who are obliged to stay at home, and confine ourselves to the routine duties of our profession, much of that information, which, of late years, a goodly portion of those who are more fortunate, have deemed of sufficient interest and importance to traverse the ocean and gather at its sources. The author of the new work referred to, is well known in this country from his investigations of Pneumonitis. He has the reputation of being a close and accurate observer, careful in his analyses and inductions, and a man of strict professional integrity—a quality which is not in all instances the companion of great abilities and distinguished official position. In addition to these recommendations, he enjoys every opportunity for personal investigations in the large hospitals of Paris, and of becoming conversant with the doctrines and methods of the most eminent in the profession. These circumstances afford a guaranty that the work which he has published, is, what it professes to be, a correct representation of modern French pathology and practice.

We agree with the Reviewer in wishing that it may be translated, but not with additions as he suggests. We protest against the present custom of loading editions of works by cotemporaneous writers with annexations, excepting in certain cases in which the propriety and usefulness of this course are obvious. Let us have the work, if we are to have it, (as we hope we may) precisely as its author intended us to have it, without any parasitical appendages.

Protracted Wakefulness.—The readers of the Boston Medical and Surgical Journal will recollect, that several years ago, a correspondent of that Journal, named Rob. F. Gourlay, represented himself as having lived without sleep for several years, with the exception of two or three occasions, when Morpheus vouchsafed a little indulgence. In the number of the Journal for Aug. 6th we observe another communication, in which he affirms he has had but one night's sleep for the six years and seven months previous. That he is honest in this assertion we are disposed to think, in the first place, because if the editor did not think so, he would probably decline his communication; and, in the second place, because we hold it to be a golden rule in the regulation of our judgment of others, always to adopt the most charitable conclusions. Assuming that the person is honest this is certainly a curious case of monomania. We take it that it must be an instance of self-deception, for it is against all physiological principles and experience, that sleep can be dispensed with for a fraction of the period he claims to have been exempted. The experiment was once made by (if we mistake not) Frederick the Great, of Prussia, and some of his officers: By the aid of stimulants and anti-soporifics they succeeded in maintaining watchfulness for a few days, but they were finally compelled to acknowledge, that if they were invincible to their martial enemies, they were not to the agreeable necessities of nature.

It is not difficult to conceive of self-deception on this subject; for we often see it exhibited in our patients for a single night or more; but that it should continue for months and years is novel indeed. We suppose that this individual may have been originally troubled with wakefulness, and have had an unconsciousness of sleep, until, either from this or other mental causes, the nervous system has become disturbed, and he is, in fact, on this topic insane.

The case is an interesting one; we wish some of our Athenian brethren would look into it, and report upon it.

Pthisis Pulmonalis in New Orleans.—The New Orleans Medical Journal, (which by the way, is one of the most spirited and ably conducted journals of our country,) for July ult., contains a list of the deaths and diseases in the city of New-Orleans for the months of April and May last. The total number of deaths during these months was 502, of this number 451 were adults. We are surprised to observe that among the diseases, cases of Pthisis bear by far the greater proportion, being in both months 73. In 51 cases the diseases were unknown. In the remainder the diseases are specified with particularity and exactness. The report purports to emanate from Dr. Lewis, Secretary to the Board of Health, and exhibits internal evidence of precision and care. It is greatly to be regretted, that we have not in our city effectual provisions for a correct registration of deaths and diseases. It has been once or twice attempted, but the measures have been inadequate to the object, and it appears now to be entirely abandoned. The true and only method to ensure authentic bills of mortality, is to commit the business to a competent medical man, invested with proper official power and responsibility. The duty might be connected with the present office of City Physician. If it were made necessary for Undertakers or Sextons to report all deaths to the City Physician, he being bound to ascertain by personal inquiry of the attending physician the disease in all cases, it seems to us that the matter would be provided for. It is certainly a desirable and important end, and we beg leave to commend it to the attention of our city authorities.

□ An enumeration of circulars from Medical Schools received since our last No. with brief notices, which we had prepared, and some editorial matter already in type, are necessarily deferred for want of space: also acknowledgments of some publications with which we have been favored. We have received, as additions to our exchanges, the Southern Med. and Surg. Journal, Augusta, Ga., and the British American Jour. of Med. and Physical Science; both valuable accessions to our list. Our readers will perceive that we endeavor to make the most of our space. In doing so we are obliged to presume somewhat on the well known complaisance of our Publisher. Compression into a given space of long primer and brevier, however, we find, has its limits which it is impossible to transcend.

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Notes of an European Tour.—No. 5.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

DEAR M.

SWITZERLAND.

During my short stay at Geneva I went often to the hospital, and I am certain nothing can exceed the system and cleanliness of Dr. Lombard's fever wards. The salles are well ventilated; each patient has two beds to enable him to change occasionally from one to the other, the linen is renewed daily and kept perfectly smooth lest folds should produce bed sores, large pieces of buckskin being also sometimes placed underneath the sacrum, the teeth and mouth are carefully moistened and kept clean by brushes made for the purpose, and with the view of still farther promoting cleanliness, an object of such importance in fevers, the head is in nearly all grave cases, entirely shaven. Among the therapeutic means to which Dr. L. resorts in *typhoid* fever, I may enumerate especially, frequent tepid or cold baths, venesection, tonics, and calomel in alterative doses, which latter, until lately, has not been much employed in Switzerland. Dr. Lombard has devoted much attention to the investigation of typhoid and bilious fevers, both of which prevail considerably during certain seasons at Geneva and in its vicinity, and his various publications upon these subjects, together with several other highly valuable reports and essays which he has kindly presented to me, I should be glad to see translated and published at home.

With regard to Geneva as a residence for invalids, I will make a simple statement of facts, since upon this point some difference of opinion seems to exist, and because Geneva has frequently been selected as the most suitable place on the Continent for the education of American Protestant Youth. At Geneva tables of death have been regularly kept since 1660! and M. le docteur d'Espine in his report for the year 1842 declares the mortality for that year in the Canton, including a population of 60,000, of whom about one half belong to the city, to be one in forty-seven and a half, which is precisely the mortality of your own city [Rochester, N. Y.] during the same year, and nearly the same with Boston. The average of deaths from *pulmonary* affections [upon which point the dispute has chiefly arisen] during the year 1842 was 25.8 per cent., while the average in your city in the same year was 30.85 per cent., and in Boston nearly 33 per cent. I have chosen the year 1842 simply because I possessed the means of instituting a comparison between these three towns on this year. The

reports for five years in the Canton show about the same average. The rate of life here presented I should also add is nearly double that of Amsterdam in Holland [1 in 24] and of Rome in Italy, [1 in 25] while at Brussels it is 1 in 26, at Naples 1 in 28, Paris and Lyons 1 in 32, Leghorn 1 in 35, Palermo and Nice 1 in 37, and even at Glasgow, so much celebrated for its high range of life, 1 in 44. In short it is higher than in any European town of its size with which I am acquainted.

The morning I left Geneva I went again to the Cemetery "Plein Palais" to see the tomb of Sir Humphrey Davy, who died suddenly in 1829 at the "Hotel de la Couronne" and is buried here, but the gates were not open and I could not wait. On my way back I made a slight detour to get a look at the ramparts and the old prison house in which the honest but simple hearted Dr. Bobzee composed and sang verses while suffering imprisonment for having taught the heresy of universal salvation, and from which he would certainly have been led to the scaffold had it not been for the interference of the Protestant Churches in other Cantons. "Oh Christianity, what crimes have been committed in thy name!" Between 1592 and 1652 one hundred and fifty-four citizens of Geneva were executed and their property confiscated for the crime of witchcraft, denominated "*lese majeste divine au plus haut chef*." During the prevalence of the plague in 1615, when about one third of the population had died in six months, a cry having arose that certain wicked persons were spreading the contagion, thirty-one were seized and upon confessions extorted by the torture were burnt at the stake, among whom was one Surgeon whose execution was signalized by the most barbarous cruelties. He was torn with pincers and while yet alive drawn into quarters by four horses, "*tenailles et ecartelles*!" Several heads of families who fled from the pestilence, were fined to the amount of 3872 florins, for the benefit of those who remained. Franklin used to say when contagious diseases prevailed, "go soon enough, go far enough, and stay long enough," but the Geneva sages thought differently.

At eight o'clock I went on board the "Aigle," one of the three or four very comfortable little steamers which now ply between Geneva and the towns above. The day was charming, and the lake, unmoved by a ripple reflected from its polished surface the villas, hamlets, spires, trees and rocks which line its shores, and even the more distant mountains were distinctly mirrored upon this beautiful camera; a picturesque looking craft with steep prows, tall, slender masts and lateen sails, lay sleeping here and there upon its bosom, and it was pleasant from over the taffrail to catch the merry laugh and wild guttural song of the fishermen and fisherwomen, as together, and with measured strokes, they pushed the light "chaloupe." We had also upon deck our own band of wandering Swiss minstrels, with their guitar and violin, and alpine voices, and noble faces, and graceful native costumes, and the small tin box to rattle a "batzen" in, when the music was done.

At Coppet we stopped a few minutes to exchange passengers; to the rear of the town stands a chateau now occupied by the "Duc de Broglie," formerly the residence of Necker and his daughter, Madame de Stael, both of whom are buried in the garden attached to the house. Stopping successively at Nyon, Rolle and Morges, we came next to Ouchy. The ancient Loussonne stood near where Ouchy stands now, but it was over-

whelmed and destroyed 1300 years ago by a sudden rise of the lake.—The present town of Lausanne, as it is now spelt, and Capitol of the Canton Vaud, is built about a mile back from the shore, upon the side of a lofty and broken hill. It has a population of 1400, and boasts among its "sights" the house in which Gibbon, the "lord of irony," wrote his "Decline and Fall of the Roman Empire;" and also another, the residence of Rosseau. I should have been equally interested to have visited the excellent hospital under the care, I believe, of M. Mayor.

Lausanne is frequently selected by invalids and families of wealth and pleasure as a summer residence. Those subject to pulmonary diseases are particularly warned however, not to expose themselves above the town during the prevalence of the "vent de bise," a peculiarly sharp north east wind.

William Fabricius, surnamed Hildanus, an eminent surgeon and anatomist, was in 1582 a resident of Lausanne: and Haller published here in 1757, after thirty-six years of unremitted labor, his remarkable work entitled "*Elementia Physiologia Corporis Humani*" in eight quarto volumes. It is to-day nearly a century since here upon the mountains of Lausanne, Haller laid the corner stone of the doctrine of Physiological Pathology, to which Bichat and his successors have added the superstructure, and which at the return of its first centennial cycle holds entombed beneath its massive fabric, all those mechanical, chemical, humoral and physiological phantasms which for so many centuries preceding had occupied the minds of medical men.

Vevay is delightfully situated toward the upper part of the lake, the shores just beyond rising rapidly to an unusual height and being clad to their very summit with terraced vineyards. At some places I counted from 50 to 60 of these terraces rising one above the other, and built with incredible labor along the precipitous sides of the mountain. Above the town is seen the fine chateau and grounds of M. D'Hauteville, whose marriage and subsequent divorce from our fair countrywoman, a few years since occasioned so much remark and gossip. He is now in his second honey-moon, having lately married a young and beautiful German Lady of large fortune. My informant, a Gentleman from Geneva going to Vevay, declared that to every one here, the conduct of his former wife was a matter of surprise, since to all the accomplishments of a Gentleman, "amiable, excellent, and intelligent," M. D'Hauteville added the attractions of a princely estate in the highest state of cultivation, his gardens being the frequent resort of travellers, and his chateau commanding one of the finest views in the world. You remember Rosseau's apostrophe to the scenery around this place, in which he thus concludes: "I must absolutely have an orchard near the border of this lake and of no other. I must have a true friend, an amiable woman, a cow and a little boat. Never upon the earth shall I enjoy perfect happiness, unless in the possession of all these." But it was the "amiable woman" which, both M. D'Hauteville and Rosseau, found it most difficult to obtain.

In the Church of St. Martin at Vevay, is buried Ludlow, who executed the parliamentary sentence upon Charles the first. Upon the restoration of Charles the second a price was set upon his head, and he fled to Vevay for refuge, where he remained until his death. Charles the first was a wonderful Doctor, as well as a most profligate King in his day, having

cured no less than 23,000 persons of the Scrofula by his "tactus regalis," not to speak of the well attested cures effected by his *blood*, scraped up upon chips after his "inhumane decollation by the barbarous regicides." We ought never to forgive Ludlow for depriving our profession of so kindly an ornament. Vevay has a hospital, founded in 1794.

About 3 o'clock P. M. we were landed at Villeneuve, situated near the head of the lake, in the midst of some of the wildest Swiss scenery. Having taken a brief lunch at l'Hotel de Ville, and learning that I could not leave for the "Valais" until four the next morning, I determined to walk to Chillon, only one mile distant. Leaving Villeneuve from the west, I followed the road which winds along the northern shore of the lake towards Vevay and Lausanne. Scarcely a mile from Villeneuve I crossed a small but noisy mountain torrent, fed by the glaciers of Arvel and La Timiere whose summits, seen on the right many thousand feet above, send tribute to the German Ocean on the north, and the Mediterranean sea on the south. A few rods beyond, the spreading base of the mountain projects into the lake forming an abrupt promontory, around and underneath which the road is hewn; directly opposite, and separated from the road only by a narrow strait, upon an insulated rock rising abruptly from the bottom of the lake, stands the lone Castle of Chillon; commanding thus most completely what was once the only entrance to and from the upper Rhone. This strong, and before the introduction of fire arms, almost impregnable castle was built more than 600 years ago by one of the Dukes of Savoy, and from the peculiar strength of its walls and of its position, it was long used by the Savoy Kings as a prison house and tomb for all political and religious offenders. When in 1348 the "black plague" as it was called from its terrible fatality, was desolating the world, it was in this castle that the persecution of the unfortunate jews commenced; accused by a terrified and superstitious populace of having poisoned the wells, and thus being the authors of their present calamities. It was in an upper room, called the "hall of justice," that in the month of September 1348, the first accusations and mock trials occurred—and it was in the vaults below, that the torture was first applied, and the executions and living burials first occurred, which, to the eternal disgrace of humanity, were soon repeated in horrible detail and variety throughout Switzerland, and almost throughout Christendom. Chillon was also a prison for the early Reformers and Swiss Patriots, and when in 1536 the Bernese, driven to desperation by the cruelties and usurpations of Charles of Savoy, besieged and took this castle, the last hold of the Duke; Bonnivard, a noble Genevese patriot who had suddenly disappeared six years before while crossing the Jura mountain, and many other captives, were found immured within its dungeons.

Crossing the draw bridge which connects the Island with the main land, I saw standing within the gate of the outer wall a Swiss girl who was evidently watching my approach. She had flaxen hair and jolly blue eyes, with a complexion rich and ruddy as the alpine rose; her slight form was moreover most astistically displayed in the national peasant costume. I had not expected to see such a flower in the midst of these rocks, and much less at the gate of the old castle of the iron duke of Savoy. The bunch of massive keys however, which she sported from her belt, assured me that she was both porter and guide, and I

addressed her accordingly. "Yes sir" said she "I am the concierge to-day; my brother David is at work about the Castle and I will go with you. I was not sorry I must confess that to-day David had other work since such a companion would somewhat abate from the awe which these gloomy walls had already inspired. My pretty guide stepping lightly before me led me first through a second gateway into a small base court, and from thence, having provided ourselves with a lamp, we descended by 14 rude stone steps, to the lower range of prisons, all of which roughly hewn from the solid rock are scarcely above the level of the lake. Passing through the two first apartments, the "vestibule" and the "salle du garde," the first 10 by 20 feet in diameter, and the second 20 by 50, each supported by stone columns, and without light except what was admitted at the doors; we came then to the "salle du torture," a room 15 by 20 feet in diameter, into which a straggling ray of light entered through a small recessed window, or rather "arrow slit" in the water wall. Close against the opposite wall, hewn from the rock at an angle of 45 degrees with the horizon, was an inclined plane, wide enough and long enough to extend a man at full length; this was the "stone of torture;" and at the foot was a hollow, perforated below, and "used," said my guide "to receive and carry off the blood." The next room was smaller and wholly without light; on the north side I felt my way into a dark, damp and deep recess, in which the rocks were too irregular and slippery to enable me to stand securely without embracing the wall. Holding up the lamp, a heavy black timber could be seen traversing the top of the vault, and this was the "gallows beam." Opposite, in a niche, formerly stood (now removed) an image of the Virgin Mary lighted by a wax taper, to which the last prayers and confessions of the dying prisoner were offered. Immediately underneath this niche is a large square hole, closed by a stone door, through which the bodies loaded with heavy weights were thrown into the lake, which against this wall is several hundred feet deep. The opening into the next room was not higher than my shoulders and very narrow, secured by an oaken and iron bolted door, with a strong and curiously constructed lock. Pushing the door aside with both hands, for my petit guide was unable to move its rusty hinges, we were in the "grand dungeon" or principal room of confinement. This apartment is 76 by 20 feet; five small "arrow slits" in the wall toward the lake, are too high to allow the craggy summits of "Craux du Noe" or even the snowy aiguilles of "Dent d'Oche" to be seen from within, the latter of which rises directly opposite Chillon, to the height of more than 7000 feet. It is supported through the centre by eight gothic stone columns, upon one of which I read, engraved with a chisel, the names of Abercrombie, Harvey, Peel, Byron &c., and upon another the name of Victor Hugo with many others. Near the base of a column at the west end, hangs fastened by a staple, a rusty iron ring, to which Bonnivard is said to have been attached; where it falls against the column it has worn a deep indentation; "this iron is a cankered thing." A smooth line extending towards the nearest light and sunk two or three inches in the solid floor was worn, "as if the cold pavement were a sod," by the dragging of his chain during the six long years of his confinement. The two adjoining columns on either side, have similar fastenings, to which Byron in his affecting poem entitled "Prisoner of Chillon" has supposed the two brothers of Bonnivard to have been chained.

From the vault I was led up to the second story, now occupied chiefly as an arsenal for the republic of Vaud, a portion of which is however, undergoing repairs to be again converted into a State Prison. In the third story is the "hall of justice" and the private apartments; when you visit Chillon you will find my name, not shut up in those cheerless dungeons below, but emblazoned directly over the comfortable looking, old fashioned fire place in the "sleeping room" of the Duke; the Swiss girl with saxon hair, has promised it shall not be disturbed. My name and "home" duly registered, I was shown into the chapel, and passing thence through a long gallery, we came to two or three small, well secured dungeons, constructed in the very thickness of the northern wall, one of which, called the "oubliette" or dungeon of death, has in the middle of the floor a small trap. My guide directed me to look down, but I could see only a dark hole like a deep and narrow well; then dropping a stone she requested me to listen, and I could hear it strike at first plainly against the rocks, but soon it became less and less distinct, until at length the sound ceased entirely, as if lost in the distance. It is said to communicate with the lake, and to have been one of the places where prisoners were secretly dispatched. But enough of these horrid mementoes of feudal ages! I have given you all in detail because it is the first of these castellated dens which I have carefully explored, and it is probably the last I shall attempt particularly to describe. The "oubliette" and the usual douceur of a couple of franca, satisfied both me and my guide, and we parted at the outer gate.

Crossing the moat I turned again to the left, and glad to breathe once more the air of freedom, walked hastily away towards Clarens, the village immortalized by Rousseau. The sun was down when I entered Montreux, a small hamlet situated partly in a gorge at the foot of "Dent de Jaman" and partly along the sides of the mountain. This place is remarkable for its salubrity. According to the statistics of Sir F. d'Invernois, *no place in the world* has so small a proportion of deaths, nor of "imprudent marriages!" I shall not fail to recommend it therefore both to invalids and to parents having marriageable daughters. Upon an eminence a little back of the town, occupied by a protestant congregation, stands the village church, with its tall New England spire. The bell was just ringing for an evening service, and I stopped a moment to listen to its soft, silvery notes as they fell from among the hills and were echoed from across the still lake.

A mile farther brought me to Clarens, where, with an old man whom I accidentally met and employed as a guide, I wandered about until a late hour, visiting such spots as "La Nouvelle Heloise" had memorialized and consecrated, and was about to turn towards Villeneuve when we encountered a gentleman to whom my guide introduced me as a "Countryman." I could not decline his pressing invitation to stop at his house a few moments and take with him a glass of wine, and I soon learned that my "countryman" was a young *Englishman*, without family, and who seemed living here in this out of the world place, as a mere matter of amusement; his name is Tanner. Learning that I was an American and a physician, he sent a messenger for his friend Dr. Boinzod, the village physician, who is a fine looking and exceedingly well informed young man. With cigars etc. we spent an hour together as if old and boon companions had met.—The Doctor, a graduate of the Parisian school, had been in practice but a

few years, yet he had already made some clever operations, among which a shoulder amputation and an extirpation of the superior maxilla, Mr. Tanner himself had witnessed. Pthisis, he informed me, was rare in this neighborhood, but goitre and scrofula common. He had never extirpated a goitrous tumor, considering iodine, good air, and wholesome food capable of accomplishing all that belonged to our art. I was curious to know how he managed to attend to the peasantry among the mountains. "My beast has a very sure foot" said he, "and will carry me all day without a morsel to eat, and if a snow storm comes on he finds his way home by instinct. It is seldom that I am obliged to dismount, for he can generally climb where I cannot with safety. Sometimes indeed, it is impossible to reach the huts upon the mountains, but the inhabitants of such places are generally so hardy that they seldom suffer in consequence. As to pay, it is seldom money, occasionally a few bushels of chesnuts or some wild game, perhaps a chamois."

At 11 o'clock I started for Villeneuve, four miles distant, both of the gentlemen accompanying me about half a mile, and they would have gone farther but that I insisted upon their return; a mile or two beyond which the road, shut in for some distance by a high wall toward the lake, and overhung with rocks and thick forest trees upon the left, looked the very place for midnight robbers and assassinations. The moon shone brightly, but it only served to cast the stronger shadows across the road and along the deep ravines which every now and then sank away among the mountains; and I confess that apprehensions heightened perhaps by the report of a robbery recently committed by a bandit in the adjoining Canton, rendered my nerves unusually active and my steps more light and nimble than ordinary, and that I felt a sensible relief when the gray turrets of Chillon appeared again in sight.

The door of my Hotel was open when I reached Villeneuve, but not a soul was stirring. Having stumbled my way up the stone steps into the coffee room I found a light with a good supply of bread, cold ham, schrabzieger cheese and a bottle of Vevay wine, which mine host, anticipating my return, had not forgotten to set for me. The Vevay wine is a white and sweet wine and had to me a most excellent bouquet; the cheese and bread were superlative. I did not care to sleep, and indeed had I chosen, it would have been difficult to have found a place, for I had already made noise enough in getting up stairs and in stumbling over a wooden water pail, to awake the seven sleepers, but not the stirring of a mouse could be heard. Accordingly, after my last draught at the Vevay cordial, I drew out my note book and writing utensils and amused myself until daylight in "scoring up."

Case of Cystotomia ;

Rendered necessary by lacerations of the Urethra in using a Catheter: High operation; Recovery.

Communicated for the Buffalo Medical Journal, by JAMES P. WHITE, M. D.

On the 30th of April last, at 11 P. M., I was called to visit Dr. M., an elderly gentleman of full habit, who, as he informed me, had been a good deal troubled in passing his water for several years past. He had ridden during the afternoon a distance of thirty miles over a rough road, and been frequently obliged to stop and urinate. These efforts were attended with great pain, and a small quantity of urine only passing at each effort.— I found him in a warm hip bath, with a vessel before him containing a gill, or more, of coagula and bloody water. I also learned that he had been in the habit of using a gum elastic Catheter, frequently, himself; that he had not been able to introduce it at that time, although he had used “considerable force, and it would almost pass.” That undue force had been resorted to was but too clearly manifested by its effects. On asking for the Catheter used, I found it was old, much roughened at the end, torn at the fenestra and containing an unusually stiff stylet. On passing my hand over the hypogastric region, I could not discover any distension of the bladder, and was convinced the patient had mistaken the difficulty, and was treating himself for retention whilst suffering with strangury, and more or less inflammatory action in the prostate and neck of the bladder. At his urgent solicitation I introduced the Catheter, and found it considerably impeded in the prostatic region, which was now exceedingly tender, and I had no doubt, had been severely lacerated in his rude efforts to thrust the instrument forward. By following closely under the arch, I was enabled, with very slight effort, to pass a medium sized, silver catheter completely into the bladder. A small quantity of turbid, offensive urine followed, and the stimulus of the catheter in that viscus excited violent and spasmodic efforts to urinate. The Doctor was by this time satisfied to submit to appropriate treatment. The pulse being full and frequent, tongue parched and reddened, and pain intense, I drew 30 ℥ of blood from the arm, and directed

℞ Opii pulv. grs. vi.

Tart. Ant. et Potass. grs. iss.

Prot. Chl. Hydrarg, grs. x. M ft. pulv. iii.

one to be taken every 2 hours; flax seed tea for drink, and foment the bowels with warm hops and vinegar.

May 1st, 5 A. M., has taken all the powders: has not been able to sleep, pain constantly returning, with paroxysmal efforts to urinate, and severe beyond endurance. Directed a half pint of flax seed tea containing ii ℥ tinct. opii to be thrown into the rectum, to be repeated in an hour, if necessary to procure relief; fomentations to be continued, and the following ℞ Tart. Ant. et Potass. grs. ii. dissolve in 12 table spoons of water, and take one every two hours. 8 A. M. pain somewhat lessened; pulse has risen to 112, full and hard; bowels slightly tender in hypogastric region; has not passed any urine since the introduction of catheter at 12 last night. Repeated the bleeding to ℥ xxxii., and gave Ol. Ricini ℥ ii. 11 A. M. has been more quiet since the last bleeding, but still suffers considerable pain in pubic and lumbar regions. Directed 12 leeches to be applied to lower part of abdomen, to be followed by warm fomentations; continue the solution

and repeat the oil at 12 o'clock. 2 P. M., more comfortable; pulse slower and tongue moist. 6 and 10 P. M. no evacuations from bowels, although oil had been repeated three times in increased doses; still, the patient was more comfortable, and bowels were not perceptibly distended. Directed large injections of warm water to be thrown up the rectum at 12 and 3, with a small quantity of spirits turpentine added.

May 2d, 7 A. M., has slept a little during the night; bowels have not moved, nor has he passed any urine; can distinguish the bladder, but not yet greatly distended.

R Fol. Sennae ʒ ii.

Sulph. Magnesiae ʒ ii. M. and infuse,

and take one third every 2 hours unless the bowels move. Cupped the sacrum freely with great relief to the pain in that region. Made slight efforts to introduce the catheter, but immediately desisted in consequence of the pain occasioned. It might also be stated that the point of the syringe in giving the enemas, gave great pain, and an examination per rectum indicated a tender and inflamed state of perineum and prostate, with enlargement of the latter. Repeated the hip bath. 12, he has vomited the senna tea, and most, if not all the oil taken yesterday. 3 P. M., bowels tender over hypogastrium, and bladder a good deal distended; pain increased,

R Opii pulv. grs. xii.

Prot. chlor. Hyd. xxiv. M. ft. pil vi.

one to be taken every 2 hours, if necessary to relieve the pain and gastric irritability. During the succeeding few hours, made occasional, gentle efforts to introduce the catheter, but was arrested about one inch from the bladder, at the same point where the lacerations were suspected on the night of my first visit. At 6 P. M., and from that time to 9 or 10 o'clock, pain in consequence of distension was almost insupportable.— During this time Prof. Hamilton visited the patient in connection with myself, and also made several unsuccessful efforts to introduce catheters of various forms and sizes, being uniformly arrested at the same point. At 12 we resorted to considerable force, but did not succeed in penetrating the bladder, although we used a firm silver catheter, and it seemed carried sufficiently far, and in the right direction.

May 3d 2 A. M., the distension was so great that it was deemed, in consultation with Drs. Trowbridge and Hamilton, unsafe longer to delay opening the bladder. He had now been about 60 hours without passing half a gill of urine. The whole perineal space, and the prostate being exquisitely tender, and the latter much enlarged, the danger of fistulous opening before the inflammation in that region should so far abate as to permit the flow of urine through the urethra, and the great difficulty to be apprehended in retaining any instrument in the wound if made thro' the rectum, induced us to adopt the high operation. I accordingly commenced an incision three inches above the symphysis pubis, and continued it downward about two inches, dividing the integuments and adipose tissue, [which was very thick] to the linea alba. Into the lower part of this wound I introduced a long curved trochar, and canula. As soon as I felt it completely within the bladder, the trochar was withdrawn with one hand, whilst, with the other, the canula was carried backward and downward 6 or 7 inches to the basfond. We were unable to ascertain the exact quantity of urine which escaped, one of the vessels containing it being emp-

tied by inadvertence. It was, however, estimated at nearly four pints. The patient immediately experienced great relief, and even fell asleep during the adjustment of the dressings.

The canula was retained by means of tapes passing around the body, and attached to the instrument with a silk cord or ligature in front. Into this was inserted a small, long, gum-elastic tube, which, by being very much flexed down to the side, was, with a little suction, converted into a syphon. This soft tube was passed completely through the canula, and, as was supposed, flexed under it; by so doing not only was the bladder more completely evacuated, but the irritation which might arise from the pressure of the metallic instrument upon the mucous membrane prevented. The wound was filled with lint dipped in warm water, and over that, fitted neatly to the stem of the canula, was spread a piece of oiled silk.—The patient was left in charge of an intelligent assistant, who was directed frequently to apply the mouth to the exposed end of the syphon, to make sure that it did not become obstructed, and infiltration ensue. 8 A. M. 6 hours after the operation, patient has slept quietly most of the time; urine has been discharged drop by drop as it was secreted; bowels have moved freely during the time, being probably prevented from so doing previously, by the mechanical pressure of the distended bladder upon the rectum. Pulse frequent and soft, tongue moist, and febrile symptoms greatly diminished. Continued the anodyne after the following form:

℞ S. Moph. grs. ii.
Aqua Destil. ℥i. M.

Take a tea-spoon-full every 4 hours; diet to consist chiefly of flax seed tea and other mucilages.

May 4th 8 A. M., passed a comfortable night; has slept most of the time during the last 30 hours; bowels have moved several times, and are considerably distended; urine continues to flow freely through the syphon in the canula; pulse 96 and soft; thirst not urgent. Continued the anodyne in diminished doses; made his drinks more nutritious, and gave chalk mixture to check hypercatharsis, and relieve acidity of stomach. Removed gum elastic tube, inserted a new one, and again passed it beyond the lower end of the metallic canula, that it may coil under it and protect the membrane from injurious pressure. 9 P. M. continues comfortable.

May 5th, 8½ A. M., is doing well. Diet slightly improved, and permitted him to be moved with great care from one bed to another. Evening, continues comfortable.

May 6th, morning, nothing unusual has occurred, seems doing well. Evening, wound has a slightly offensive odor, and directed it to be dressed with sol. chlor. sodæ. He has also a slight increase of febrile symptoms.

May 7th, the patient is doing well; wound looks well, offensive smell has disappeared.

May 8th, sat up some time and was very comfortable. A bag of oiled silk is attached to the external orifice of the canula as a substitute for the syphon, which became impervious.

May 9th 10 A. M., seems doing well. In dressing the wound a slight rotation of the body retracted the canula an inch or two; finding it difficult of reinstation, left it entirely out, and after making slight, but unsuccessful efforts to insert a long probe and a small gum catheter, concluded to wait until the bladder should become more distended, when, unless the

urine could be readily passed per urethra, the distension would favor the reintroduction of instruments. Besides, I did not apprehend danger from extravasation, believing that before this period the tissues were entirely adherent, forming a perfect canal. 8 P. M. still comfortable; bladder not much or painfully distended; introduced a long probe through the fistula into the bladder but could not insert the canula, and left in the probe.

May 10, 2 A. M., pain in hypogastric region considerable; could not pass his urine by the urethra. It was remarkable to see how little ulcerative action had taken place in the lips of the wound in the bladder, although a metallic instrument had been kept constantly in the wound during the last seven days. The small probe seemed fitted with perfect exactness. Although considerable lateral pressure was made, as with a lever, and the bladder was full, not a drop of urine escaped. We now fastened a cord to the eye of the probe which was exposed, then passed the long end of the cord through the canula, and one held the probe by the string to prevent its pressure upon the posterior walls of the bladder, whilst the other, not without some force, carried the canula forward, being directed by the probe into the bladder. The discharge of about a pint of urine gave immediate relief, and the patient slept well during the remainder of the night.

May 10, 9 A. M., the patient is comfortable, and the canula is more perfectly secured and retained in the fistula, discharging the water as it is secreted.

From this time to the 18th, the patient allowed the urine to flow gutta-tim. At this time the discharge of bloody, purulent matter, consequent upon the lacerations of the urethra, having nearly ceased, we commenced corking the mouth of the canula, and discharging it at intervals, in the hope that slight distension might enable him to pass the urine by the urethra.

June 5th. Since the last date the patient's general health continued to improve. Leeches were occasionally applied to the perineum until all pain and irritation had subsided in the prostatic region, and the urethra seemed free from disease. The bladder, meantime, retained the urine from five to seven hours without difficulty, when it was drawn off, at first, by unstopping the mouth of the canula, and finally, this was removed, and a gum elastic catheter inserted through the fistula from time to time, at his convenience. On this day, for the first time, the introduction of the catheter through the urethra was attempted. A medium sized, highly curved, silver catheter was selected, and after a few gentle efforts, it slipped into the bladder. A small quantity of muco-purulent matter escaped with the urine.

June 11th, the patient has thus far been unable to evacuate his urine by urethra, although he retains it the usual length of time, and draws it off readily by means of the catheter, through the fistulous opening. Strength much improved; rides out, and lives comfortably well. Whether the bladder has lost its contractile power by over distension, or is fastened to the anterior walls of the abdomen at the point of incision by adhesions, it is difficult to determine. The facility with which the catheter was introduced, as well as the subsidence of all irritation in the prostatic region, render it improbable that its flow is longer prevented by pressure of the prostate upon the urethra.

June 12th, the patient had two slight urinary evacuations per vias naturales, which he attributes to increase of strength. He was obliged to resort to the catheter and the fistula after he returned from a long walk fatigued. Directed him to drink freely of an infusion of uva ursi and buchu.

June 25th, the urethral and vesical irritation seems within the last few days to have been translated to the right testicle and its envelopes, which, notwithstanding the use of leeches, fomentations, and other appropriate discutients, suppurated, and was opened on the 30th. The discharge was copious, and the diseased action seemed entirely confined to the cellular and cutaneous tissues.

July 10th, the patient has continued daily to improve since the last date; passes his urine through the urethra without difficulty, although, as a measure of precaution, he continues to introduce the catheter through the fistulous opening occasionally, to prevent its closing entirely. He is able to walk and ride, his appetite and strength in a great measure restored, and he leaves to-day for his residence, distant some forty-five miles.

Sept. 15th, Dr. M. being in town called to report his present condition.

His general health is unusually good. He passes his urine readily by the urethra most of the time, but has continued to pass a gum elastic catheter through the sinus every day to prevent entire adhesion. He states that "urinary difficulties have not been greater during the last two months than during the same space of time before the operation." He has resorted to the sinus on two or three occasions instead of passing the catheter as heretofore, when any irritation or obstruction occurred, through the urethra. The sympathetic action excited in the testicle has entirely subsided, leaving no doubt that the diseased action was confined to the skin and cellular tissue. By my direction he has procured a silver tube about $3\frac{1}{2}$ inches in length, slightly enlarged or bulbous at one end, and with a button head at the other end, which may be entirely closed with a cork. The sinus retains this short catheter without irritation, and by being able to evacuate the bladder, whenever it is necessary to resort to artificial means, through this tube, it is hoped the irritation so long existing in the neck of the bladder and prostate will subside, and a permanent cure be effected of a malady of many years standing.

Buffalo, September, 1845.

Case of Fracture of the Skull, with loss of Cerebral Substance.

Communicated for the Buffalo Medical Journal, by ALDEN S. SPRAGUE, M. D.

I was requested June 25th 1845, by Dr. Harris, of this city, to visit John Shea, a patient of his living in Lancaster, 8 miles from the city, who had received a severe injury of the head. From himself and friends I obtained the following history of the case. He left the house on the day previous, for the purpose of chopping in the woods. He recollected being at work at 3 P. M. Between the hours of 5 and 6 P. M. he came home severely wounded in the head. A large piece of wood was taken

from the wound with much difficulty, and a messenger dispatched for Dr. Harris. Dr. H. arrived during the night, and finding a severe injury, on his return to the city, desired me to visit the patient with him. We saw the patient together at 3 P. M., nearly 24 hours after the accident. He was then perfectly sensible, and free from pain; pulse about 80; skin cool. The wound was situated on the right side of the head, at the junction of the frontal and parietal bones, superiorly. The scalp was shaved, and the wound cleansed of blood and brains, and also numerous small pieces of bone. On further examination, a portion of the inner table $1\frac{1}{2}$ inches long and $\frac{3}{4}$ of an inch broad, was found to be crowded into the substance of the brain to the depth of $2\frac{1}{4}$ inches. This was readily raised by an elevator and forceps, the wound thoroughly examined, and several small pieces of bone removed, a quantity of the substance of the brain necessarily escaping. After having satisfied myself that the wound was free from all extraneous substances, pledgets of lint, and bandages were applied, with injunctions to keep the patient perfectly quiet, and to allow nothing but cold water until he could be again visited. The subsequent treatment is detailed in the subjoined note from Dr. Harris:

DR. SPRAGUE:

BUFFALO, AUGUST, 1845.

DEAR SIR.—Enclosed, you will find a transcript of notes taken by me, in the case of John Shea. You will, no doubt, prefer giving a history of the accident, and the manner of removing the fractured bone. I will, therefore, confine myself to his subsequent condition from day to day.

June 26th—the day after the accident, found my patient very comfortable; ascertained that he had passed an easy night, and had some refreshing sleep. Pulse 84; tongue slightly furred; skin natural; had no delirium. Sulph. Magnesiae $\frac{3}{4}$ i.

June 27th—did not pass so good a night as the preceding; pulse 83, skin hot. Sulph. Magnesiae had operated well, the wound discharging a little sanious fluid with portions of lacerated brain.

June 28th—complains of pain in the head, some degree of thirst, with more heat of skin; pulse 32. Took 20 oz. blood from the arm, which relieved the pain in the head; wound discharging dark colored blood, and small pieces of brain.

June 29th—seems relieved of the unpleasant sensation about the head; pulse 78, skin natural and moist; bowels moved in the early part of the day; appetite very good.

June 30th—improving; no febrile disturbance, slept well; pulse 75.

July 1st—in all respects better; little or no pain in the head; tongue cleaning.

July 2d—had a comfortable night; wound discharging healthy pus, and in all respects improved since yesterday.

July 3d—in all respects improving; patient sat up a short time in bed; appetite good; wound granulating.

July 6th—has improved since last visit; granulations healthy and natural, wound healing; removed the poultices which have been continued as a dressing since the first; applied a pledget of lint and ung. zinci.

July 10th—found patient in all respects improving; has been sitting up half an hour each day since my last visit; wound looking well, appetite good; has had some meat broth and rice.

July 17th—continues to improve.

July 19th—sent for in haste, and being out of town, Dr. Pratt saw the patient; ascertained he had been down stairs and walked out; had eaten the day before a hearty meal of boiled pork and potatoes. Dr. P. bled him 15 oz. and ordered salts and senna.

July 20th—found him delirious, with much febrile excitement; had had chills through the night; pulse 108, skin hot and dry. Bled 15 oz. and ordered an injection to move the bowels. I was informed that he went to ride on the 18th and 19th, and pumped water. The new skin covering the exterior surface of the wound was protruding as if it contained fluid. Remained with my patient four hours, and after many pleasing prospects of recovery but a few days before, I now found him rapidly sinking. He lived until the next day at 3 P. M. Could not procure a post mortem examination.

Yours &c.,

F. L. HARRIS.

REMARKS BY THE EDITOR.—The preceding case illustrates the fact that extensive injury of the brain and its membranes, and loss of cerebral substance, in cases of fracture, do not necessarily involve a great degree of local inflammation, general disorder, nor much apparent mental disturbance. The history of this case, would also seem to illustrate the rapidity of restoration, since, from the symptoms for 21 days after the accident, it is to be inferred that the patient was in a fair way to arrive at a speedy and complete recovery. Premature exertion, and other imprudences, which so often thwart the kindly efforts of nature, and the care of the Physician, appear to have occasioned the sudden change in the aspect of the case, and its fatal termination.

To the Editor of the Buffalo Medical Journal:

It is a trite remark, true as trite, that a trifling incident in early life often stamps the character of the man for good or ill. Soon after I "set up in business," in a country town of farmers, mostly strangers to me, I was called in haste to meet Dr. H., of a neighboring town, at the house of Mr. G., and to bring my "instruments," as Mrs. G. was very sick.—The condition of Mrs. G. was readily inferred, but my instruments! When I parted with my best friend, the very respectable physician and most excellent man, under whose instruction I had acquired what I knew of the art, and from whom I certainly derived much practical information, with his blessing and best wishes for my future success, he told me he had a pair of Smellie's long forceps, and, as he never used but one blade, he would make a present of the other to me. With this blade, then, and it was all I had, I repaired to the house of Mr. G., where I found Dr. H., a respectable looking, elderly man of from 55 to 60 years of age, who had been in attendance on Mrs. G., in labor with her second child, for the last 36 hours. Though the labor was protracted, it was a natural one—in common parlance "all was right," without an untoward symptom, and wanted nothing but a few expulsive pains.

Dr. H. proposed the instant application of the forceps, but this proposition was cautiously evaded, for reasons which the reader will be at no loss to divine. I was in no haste to exhibit my odd blade of Smellie's forceps. So, assuring the patient of her perfect safety, and of the moral certainty that in a short time the labor would terminate happily, she took some lavender in water, (ergot was unknown) and left to repose not over half an

hour, when the pains returned, and in a few minutes the child was expelled. This fact was bruited far and wide, the country over, and proved to me what the passage of Lodi, or the battle of Austerlitz did to a greater man, who afterward consummated his victories and triumphs at St. Helena by quarreling with Sir Hudson Lowe about his bread and butter. Unimportant as this case really was in itself, public opinion gave it a consequence which it did not become me to gainsay—"If Fate would make me King, why Fate might crown me." It proved to me an incalculable benefit, for few cases of difficult or protracted labor occurred for years afterward within reach of me, that I was not privileged to see—and now after the lapse of more than 35 years, and that generation has passed away, "the story lives in tradition." Perhaps I may hereafter give you the history of some really interesting cases in this department, which this case introduced me to, and which I have used to introduce myself to you as an ACCOUCHEUR.

Case of Morbus Cordis; Ossification of Sigmoid Valves.

Communicated for the Buffalo Medical Journal, by the EDITOR.

The following case is chiefly interesting as affording an illustration of the validity of physical signs in the diagnosis of valvular disease, and the practicability of detecting the particular valves affected. The object in reporting it, is to incite attention to the principles of diagnosis in cardiac affections as developed by the researches of modern pathologists in this department, and which are most lucidly and admirably presented to the student in the last edition of Hope's treatise, with notes by Dr. Pennock of Philadelphia, recently published in this country. To avoid extending the length of the article, the report will be confined to the condition of the heart as determined before death by the signs and symptoms, and its morbid anatomy as revealed by dissection.

The following is an account of an examination of the case transcribed from my case-book, which was recorded Feb. 6th, 1845: "I examined to-day J. M., aged 70 years, whom I had suspected from his symptoms, of having valvular ossification. He has been subject to cough, with occasionally free, serous expectoration, for a great number of years; has a little oedema of feet at times, not constantly; never suffers from palpitation; without any difficulty of respiration; can lie with his head low—the pulmonary symptoms, in short, alone indicate pathological effects directly resulting from cardiac obstruction. On a general examination by percussion, the dulness extends over a larger space than natural; but I did not examine with precision with reference to this, nor did I ascertain whether the point of impulsion against the chest was normal, it not being convenient to denude the chest sufficiently to ascertain these points. The force of impulsion against the chest is not very decidedly increased. Pulse did not present marked force, nor was it jerking. It would follow from these circumstances, that hypertrophy does not exist to a great degree, nor is there great obstruction at the orifices. On application of the stethoscope on the left margin of

the sternum as high as the 3d rib, the *bruit de soufflet*, or bellows murmur was very audible: it could be heard with scarcely diminished intensity as high upward as the clavicles. Below the location of the semilunar valves it obviously, and rapidly diminished in intensity. At the apex of the heart it could not be heard so loudly as above the location of the sigmoid valves. According to my present recollection, it was of a loud pitch; probably as high as R whispered. Its quality was that of roughness—not a soft, puffing murmur as in the case following, [in note book.] What is the diagnosis? Ossification, especially of the sigmoid valves, where the audible murmur is chiefly produced, without great hypertrophy, or obstruction, or regurgitation. It is interesting that in this case, in which there is obviously valvular disease, there are so few, and, indeed, no distressing symptoms referred by the patient to the heart—no pain, dyspnoea, palpitations, &c. It illustrates the fact which Hope states, that ossification, uncomplicated with much obstruction, or hypertrophy, is not a distressing affection, and not incompatible with long life.

On May 17th the following note was appended to the preceding record: "Examined yesterday and verified above. The pitch of the murmur is not so high as R, nor so low as *who*. There is no second sound in this case."

The patient died in the latter part of July following. He lapsed slowly into a state of stupor, and, at length, coma, with great prostration, aggravated by frequent paroxysms of diarrhoea. He seemed to succumb from old age, and general exhaustion from the diarrhoea.

A partial dissection was obtained—sufficient to determine the condition of the heart, and the examination was chiefly limited to this object. The examination was held 36 hours after death, when the body had become quite offensive, the weather being extremely warm. Present at the examination, Drs. F. H. Hamilton, and J. P. White.

The heart, without being measured, was estimated to be moderately hypertrophied, with dilatation of its cavities. Its texture was softened, but it was difficult to say how much of this was due to cadaveric decomposition. The aorta, just above the sigmoid valves, was dilated—say about one third, or one fourth greater than its natural calibre. Several ossific points were discovered on the lining membrane of the aorta, and a single scale of bone 4 or 5 lines in length, and 2 or 3 in breadth. At the base of two of the sigmoid valves, ossific matter was present, forming an apparent aggregation of small, distinct depositions. The valves themselves, however, were not so much affected as to prevent their expanding and collapsing, so as to fulfil, measurably, their functions. The third was permanently expanded, and rigid, considerable ossific matter being deposited at its base. The mitral valves were sound, with exception that the chordæ tendinæ appeared more rigid than usual, and a single filament had become ossified. Their natural play, however, could not have been materially disturbed.

The right sigmoid and auriculo-ventricular valves were healthy.—The lungs, on a superficial examination, appeared sound. The liver presented numerous collections of a yellow fluid, resembling bile, commingled with partially coagulated blood. These accumulations were from the size of a pea to that of a filbert. The biliary vessels seemed to be congested with bile, which exuded freely from divided surfaces. It was not very minutely examined, and the dissection was not extended to other organs.

Buffalo, September, 1845.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Opium in Fever, in large doses.—The Missouri Medical and Surgical Journal for August last, contains an article on the above subject, by A. G. Henry, M. D., of Pekin, Illinois. Dr. Henry advocates the administration of opium in doses of four or five grains in all fevers, after emetics, bleeding and cathartics, provided the symptoms have indicated the latter remedies. He states that he has pursued this course for the last 8 years, in the remittent, typhoid, and congestive fevers, which have successively prevailed, more or less, in his locality. He usually combines with the opiates calomel in large doses. Even when complicated with cerebral affection, he does not hesitate to use it freely after free depletion. He states that in nineteen out of twenty cases, he administers it so soon as the stomach becomes settled after the operation of an emetic given at the onset of the disease. When gastric irritation exists, rendering an emetic inadmissible, he gives it without any delay.

The Doctor is evidently a practical man, and we are disposed to attach considerable value to his experience. We should have been better satisfied, however, if he had given his observations with more precision. We do not perceive that his inductions are based on facts carefully recorded and collated. The longer we reflect and observe, the more we are convinced that unrecorded experience is extremely delusive. Nothing is easier than to commit a rash generalization, and, afterward, [honestly enough,] see developed on every side, facts to confirm it. Hence, our science is proverbially prolific in false facts. The collection of sufficient data, and their rigorous analysis and comparison, before we commit ourselves to a new and important practical principle, will prevent a vast many errors which are difficult to be unlearned. We do not make these remarks with especial reference to the article by Dr. Henry, but because they have been incidentally suggested.

The Doctor adduces one consideration concerning his treatment of fevers, which applies to all therapeutical improvements. He states that the aggregate amount of his bills since he has pursued the opium plan is less than one half, in a given number of cases, of what it was previously! This is a consideration which, unfortunately, the physician can generally appreciate better than the patient. Persons generally attribute to the physician skill in proportion to the amount of medicine which he has given. It is not considered whether by a skilful tact the remedies have *hit the mark* at once, and, therefore, accomplished the end; but how much ammunition has been expended, and how long the attempt has been continued! It is, indeed, sometimes disheartening to witness the gratitude of the poor sufferer, who has been physicked until human nature could endure no more, and then by necessity left to the vis medicatrix, which, in spite of all, proves adequate to restoration; and the practical exemplification of this gratitude in the cheerful payment of a *long bill*; when, on the other hand, after the speedy issue of a judicious practice, the patient perhaps is dissatisfied that in so trifling a case he should have incurred the expense of any medical attendance, thinking that if he was so soon and easily restored, he could not have been very ill! The enlightened physician cannot compete

with the *ignoramus* in the *pecuniary* avails of his services, provided both have an equal circle of friends. The latter will be *well to do*, while the former suffers the anxieties and mortifications of straightened means.— Yet it is a fact most honorable to the character of our profession, that few, if any of its members find in this consideration any motives for ignorance, or abate on this account their desire of improvement. That the profitable course which we have implied as the involuntary result of ignorance, is ever designedly pursued, is sometimes charged upon our profession, but we much doubt if the libel has even a single instance to support it.

Delivery of the Placenta before the Child in cases of Placenta prævia.—A novel, and, as it seems to us, very important improvement in the management of cases of placental presentation, has lately been recommended by Dr. Redford, of Manchester, England, and Dr. Simpson, of Edinburg. It consists in the delivery of the placenta, or at least, its detachment from the uterus, before the delivery of the child. The objects of this measure, are, first, to arrest hæmorrhage, which, according to the observations of these gentlemen and others, almost invariably ceases so soon as the separation of the placenta from the uterus is complete; and, second, to avoid the necessity of turning, which, unless there be mal-presentation or other contingent difficulties, will not be required. Certainly, if these two objects are fulfilled, there can be no doubt that preference is to be given to this new plan over that hitherto recommended, viz: turning and forcible delivery so soon as the condition of the parts will permit.— Dr. Simpson has been at pains to collect statistics showing the ratio of mortality in cases of placental presentation as reported by different authors. Out of 399 recorded cases, in 115 the result was fatal; which, as remarked by Braithwaite, is a mortality as great as that attending the malignant cholera in 1832—3, and twice as great as the average in cases of lithotomy. Dr. S. has, also, collected 141 recorded cases in which the placenta was expelled before the child. In ten of these the result was fatal; but on careful analysis, in seven or eight of these fatal cases, the fatal result had no connection with the placental detachment, or with results arising from it. He adduces this comparative view in order to substantiate the soundness of the practice which he recommends. Both writers named have pursued this practice in a considerable number of cases, and with gratifying success. The credit of originating the plan is attributed to Dr. Kinder Hood, of Manchester, who is stated to have practiced upon it as early as 1821; and since that time, many of the practitioners in Manchester have uniformly adopted it. The reader will find an abstract of the observations and reasoning of Drs. Simpson and Redford in the 11th No. of Braithwaite's retrospect. Dr. Redford, in addition, advocates the use of galvanism to excite uterine contractions when these are deficient, and, in this way, expedite the labor. He employs an electro-magnetic machine, and introduces one of the conductors into the vagina. He also recommends it in other cases where action of the uterus is desirable. We quote an account of the method of procedure in placental presentations, given by Braithwaite in his retrospect: "If the os uteri be small and rigid, we shall be obliged to wait a little for its dilatation and relaxation. As soon as possible, if the hæmorrhage be alarming, introduce the hand or a portion of it, and carefully detach the whole of the placenta from the surface

of the womb, and if the action of the organ be tolerably good, the hæmorrhage will almost immediately cease, from the mouths of the vessels being closed. If the uterus do not act energetically, it will be necessary to rupture the membranes and give *secale cornutum*, or, as Dr. Redford recommends, employ galvanic electricity. It will be found that even more children are saved by this means, than by the old method of detaching part of the placenta, insinuating the hand, and turning."

Cases of placenta prævia are among the most alarming which fall to the lot of the practitioner, and often put his judgment and sense of responsibility to a most painful trial. From the results of this new method, in so far as it has been pursued, we have encouragement to hope that the anxiety and danger in these cases will be materially diminished by its adoption. The facts adduced by these writers, and their experience in a limited number of cases, fully justify the trial of the plan which they propose, and we trust that a sufficient number of observations may soon be reported, to establish definitely, for or against its propriety.

Medical Fees.—It was said by Dr. Johnson, that "every man has found in Physicians great liberality and dignity of sentiment, very prompt effusion of beneficence, and willingness to exert a lucrative art where there is no hope of lucre." This tribute to the philanthropic character of the profession, has, probably, not been forfeited since Johnson's day. No impartial observer can accuse physicians, in the aggregate, of being actuated by mercenary views, albeit there may be some inglorious exceptions to the general rule. But medical men, like all other men, must live; their families must be supported, and their children educated; and it is not an unreasonable desire on their part, to seek to make some provisions against casualties, and old age. Hence, it cannot but be expected that the subject of medical fees is one of interest and importance to them. If any apology were necessary for the discussion of this subject, it might be found in certain important relations to professional improvement, to which allusion will presently be made.

A physician must necessarily bestow a good proportion of his time and labor without any compensation therefor. A certain portion of every community require medical attendance without possessing the ability to make any remuneration. Sickness itself, frequently destroys the ability to reward the attention and skill which have either effected restoration, or soothed the sufferings incident to protracted, fatal disease. Of this we do not complain; it is our privilege, as well as duty, to render our services cheerfully in many cases without any expectation of pecuniary recompense. We would not cite this as a difficulty with which the profession has to contend. But there are other classes of patients, and the proportion which they bear in a physician's practice is generally not small, whose views and habits with regard to medical fees, are proper subjects of criticism and complaint. A certain portion of the community expect to obtain a physician's services gratuitously, when they are able to pay something, at least, if not a full compensation. They seem to act under the belief that *they* enjoy a peculiar immunity from any obligations to pay for medical attendance. They are apt to assume a very patronizing air toward the faculty, apparently thinking that it should be esteemed a privilege to serve them for nothing. They are particularly sensitive, if, when

they apply to a physician, he is not exceedingly prompt and active in his attendance, and are very prone to think he is not sufficiently diligent and assiduous in his visits and attentions. If called upon with a *bill*, they think it hard for poor men like themselves to be expected to pay for what costs the physician little or nothing, viz: his time, and labor, and perhaps medicine. The truth is, they do not mean to pay, and if the physician presumes to persist in his solicitations, they extend their valuable patronage to some other member of the profession, being very careful ever afterward to evince their gratitude for the services of the predecessor by disparaging his abilities, or other malicious insinuations. Another class is a grade above that just mentioned. Persons of this class are very requiring, and not easily satisfied with the efforts of the Doctor while he is on duty. When the time for payment arrives, they are astonished at the amount of the bill: they can't pay so great a sum, and the bill, at length is accommodated, not to their ability, but to their disinclination to pay more than a small portion of its amount. Others expect to pay reasonable charges for medical services, but after a very unreasonable period. The Doctor can afford to wait, or if he can't afford it, he ought not to expect to do otherwise: all other bills take precedence; and, finally, this, after much solicitation, receives reluctant attention. In the mean time, however, the nature and extent of the services are forgotten, and the Doctor when he effects a settlement, is fortunate to escape with some crusty hints that Doctors have no consciences, that they live on society without labor, &c.— Another class, abundantly able to pay, not only require the physician to wait an indefinite period, but, in the end, think it incumbent on him to take something or rather any thing else than money, and that at a very exorbitant valuation. It is apparently a principle with them not to pay a Doctor's bill in cash, and if the Doctor does not need whatever it is convenient to substitute, he must be content to wait.

We might enumerate other classes, but as we are writing for the profession, it would be quite superfluous. The truth is, with some most honorable exceptions, medical fees in this country have not that respect and consideration which are attached to other pecuniary obligations. Many have no compunctions in forfeiting them entirely if practicable; others insist that the physician shall reduce his demands greatly below their just amount; the majority oblige him to wait until it is perfectly convenient to them to pay, and not a few contend that he has no claim to a payment in money. Now all this, to our mind, indicates a wrong condition of things. Either a physician is bound to labor for nothing, or he is not. Either his services have a certain value to be represented in standard currency, or they have not. If he be not bound to give his services, and if they do have any specific, pecuniary value, then his just demands should be held on a par, at least, with those of other men. We desire greatly to see an improvement in the present state of things, and we believe it to be in the power of the profession to effect it. There is no reason why medical business should not be considered a cash business, at least so far as this, that credit, if given, is by consent of both parties, not to be claimed as a matter of course, and regulated entirely by the patient. It must be the case that bills in many cases cannot be conveniently paid immediately after the service is rendered, but great advantages would result from having them collectible immediately, and be so considered in all cases where it is conve-

nient to liquidate them. The following are some of the advantages which would accrue from this improvement.

The physician could perhaps afford to charge smaller fees than he can live by in the existing state of things. He would be able to do better justice to his own creditors, and those dependent on him for support. He would know more definitely the amount of his available income, and be able to regulate his expenses accordingly. But, more than all, he would be spared a vast amount of time and perplexity, which would conduce directly to his professional improvement and usefulness. In the place of having to bestow half his thoughts and exertions to devise where and how to collect funds enough to meet his own obligations, he would have the greater part of his leisure from active professional occupation to devote to study and scientific pursuits, and in these, as in his practical duties, he would have a clearer intellect, and a more buoyant spirit, than, we fear, most, under the present state of things, can lay claim to. We throw out these reflections for the consideration of our readers. By uniting in the necessity of a reform, and combining to take judicious means to effect it, we believe that the more sensible portion of community could be led to see its propriety, and to perceive, also, that *their* interests, not less than those of the profession, are involved in the subject. If the subject can be once fairly thrown upon its merits with the profession and the public, a reform would surely follow.

Medical Schools.—The season is now at hand when the medical student is to decide at what institution he will seek instruction for the coming winter. As it is customary for medical institutions to advertise their advantages, terms, &c. through medical and other journals, and by means of circulars which are extensively distributed, students are enabled readily to obtain what general information they require, before determining to which to give their preference. As regards the relative merits of different schools, we have not data sufficient to qualify us to speak; nor have we any disposition to make invidious distinctions in order to influence the minds of those students and preceptors who may do us the honor to read our remarks. We accord to all the merit of being honestly desirous of fulfilling their obligations to the pupil and the profession, and we sincerely believe that the majority of those who are invested with the responsibilities of teaching the various departments of medical science, are competent to the duties involved. That there are evils and abuses in some of our medical schools which require correction, all who have bestowed any observation and reflections on the subject, must admit. Of these, in our capacity of journalists, we shall not hesitate to speak as occasions offer, without intending, at any time, to apply our remarks to any particular institution.

Medical schools have increased in number of late years, so that there can hardly be said, at the present time, to be any deficiency. We do not, however, regard the fact that they are numerous, as necessarily leading to bad consequences. So far as an honorable spirit of emulation is developed and promoted by competition, it may be expected that the means of education will improve, rather than diminish, in proportion to the number of schools. But if instead of this commendable spirit, they vie with each other in offering to the pupil unworthy inducements, and in

resorting to intriguing, dishonorable methods to increase the number of their students, their influence upon medical education and the profession is of the most pernicious character. If it be tacitly understood, for example, that at certain schools the acquirements of the pupil are but slightly scrutinised in admitting him to graduation, the public, the profession, and the pupil himself, alike, receive a severe injury, in so far as this consideration exerts its intended influence. It is needless to say that this course is reprehensible in the extreme. So, also, deception in any form, underbidding in price, and any of the various methods of electioneering and puffing, obviously tend to degrade the profession, and institutions known to adopt such means of advancing their interests, should be scouted by all who have the honor and usefulness of the profession at heart. We trust and believe that it would not be an easy matter to cite many, if any instances in which these enormities are practiced. There is, however, one custom more or less prevalent, which, although we would not include it in the same category in a moral point of view, is (as it seems to us) hardly less injurious in its consequences. We allude to the custom of receiving students at medical schools upon credit. Many of our schools offer this inducement to a greater or less extent. This custom in various ways exerts a detrimental influence. It does injustice to the teacher, since it is not to be supposed that he can afford to bestow his time and labor in this, more than in other departments of effort, without an adequate compensation; and hence, it follows as a legitimate result, that institutions who adopt this custom are unable to command the same ability in their teachers as those who pursue a different system. All the facilities of instruction, also, dependant on the pecuniary resources of the institution, (and the fees from pupils generally constitute the chief resources of medical schools) will be impaired by a system, the effect of which is, that a large portion of the class receive instruction gratuitously. No institution can pursue this course and do proper justice to its pupils, and to the cause of medical education. It involves a practical discrimination which is an imposition upon those who do not ask for credit, and, in reality, obliges them to support the school for the benefit of those who contribute nothing toward it.

Its tendency is to cheapen the value of a medical education in public estimation, since it is an universal habit to estimate the real worth of any thing by what it costs. But more than all, it exerts a direct influence to lower the standard of medical attainment, and depreciate the honor and usefulness of the profession, by operating like a bounty for young men to engage in the study of medicine who are in no wise qualified either by preliminary education, habits of application, or elevated views. It is due to this evil, in a great measure, that so many enter the profession whose connection with it results in disappointment and mortification to themselves, and is a reproach to the profession.

If, then, we were to advise the medical student about to attend lectures, we should say, go prepared to pay the fees required, and give preference to an institution where this is expected of all. Let physicians generally, give this advice to their pupils, and the evil of which we have spoken will be speedily corrected.

There are other matters connected with the subject of medical schools, upon which we have some remarks to offer; but these we must defer for a

future number. The subject is one of great importance, and we mean to discuss it freely and independently.

In the preceding remarks, we have considered *credit* as equivalent to a gratuitous attendance upon lectures. That it is so, is, of course, not true in a rigid sense, since a proportion of those who obtain credit ultimately fulfil their obligations to pay. If, however, we have been correctly informed by those acquainted with the practical working of the system, this proportion is not large. For those who are able to give satisfactory security for payment, the system is quite superfluous, since these persons ought to be able to obtain the facilities they require, from the circle of their immediate friends, or from those whose business is to lend money upon satisfactory security. They ought not to ask their teachers to sustain toward them the additional relation of Bankers; nor would they, if the system did not exist. But, being customary, they conclude they may as well avail themselves of it. Institutions, hence, deprive themselves of much of the immediate avails of teaching which they might otherwise have, and in this way inflict upon themselves a pecuniary injury. We would sympathize, as fully as any, with the situation of the pupil earnestly desirous of entering the profession, but repelled by impoverished means; yet, regarding the condition of the profession as affected by removing this obstacle in all cases, it would be far better for the pupil himself to submit to the necessary exertion, deprivations, and delay, than for the present state of things to continue, although it may seem to contribute to his immediate advantage.

Graduated Wine Glasses.—L. S. Reynolds, Druggist, of this city, has received an article, new to us, entitled as above, which we think the profession would do well to recommend for families to provide themselves with. It is a wine glass of large size, graduated to administer tea-spoonful and table-spoonful doses of liquid medicines in the exact quantity intended to be expressed by these conventional terms of measure. Owing to variations of capacity in the table and tea spoons in common use, the quantities which these terms denote are very inexact, which, in several points of view, is an evil of not a little consequence. The introduction of these graduated glasses will establish a uniformity and precision in the administration of medicines which are very desirable.

Meteorological Register.—Our readers will observe that the Meteorological Register is omitted in this, and in the last No. of the Journal. This is owing to the unexpected removal of the United States troops, and the abandonment of the military post at this place. Our plan of collecting a connected series of observations, must, for the present, be abandoned.

We have received from Lieut. E. R. Long, M. D., a statistical report of the diseases which have occurred among the U. S. troops stationed here, for for the three past years, which will receive attention in our next number. Other communications have, also, been received, and are on file for publication.

Obituary.—Dr. Wm. H. Richardson, late professor of obstetrics in the medical department of Transylvania University, died at Caneland, near Lexington, on Sunday evening last. Prof. Richardson stood at the head of his profession in this State, in his particular department, and has been long and favorably known as one of the soundest and best teachers of his section of medical science in this country.—*Louisville Jour.* 18th.

Buffalo City Association.—Members will recollect that the regular monthly meeting of this Association will be on Tuesday the 7th inst., at 7 P. M., at the office of Dr. Bissell.

Physiological effects of Conium Maculatum.—In the July No., of the American Journal of Med. Sciences, Pliny Earle M. D., Physician to Bloomingdale Asylum for the insane, N. Y., details some experiments upon his own person to determine the effects of Conium, and the quantity necessary to be taken to secure its specific effects.

He commenced with an extract prepared by Lee and Butler of Hartford Conn., in doses of 1 grain, and gradually increased the dose, daily, up to sixty grains, which he repeated for seven successive days. The effects of the medicine were slight vertigo and sense of fulness in the head, when 25 grains were taken morning, noon, and evening; increase of vertigo, and feeling as if the eyes were swollen and protuberant after 30 grs; weariness and weakness in the knees, were added after 45 grs; dimness of vision, a peculiar feeling of uneasiness and weakness in the *biceps brachii* muscle, and some dilation of pupils after 50 grs; increase of all the preceding symptoms, with the addition of double vision after 60 grs. A sensation of warmth in the epigastrium was also perceived after taking it in large doses. It does not appear that any tendency to somnolency was produced.

A second series of experiments was subsequently made with an extract shortly before imported, bearing the mark of Mander, Weaver & Co. No sensible effects were produced until sixteen grains *terrin die* were taken. Sixty grains at morning, and seventy at noon and night, of the same day, produced similar effects, and to the same degree, as 35 grains of the American extract. Eighty grains in the morning, ninety at noon and one hundred at night, produced, in addition to the usual symptoms, a cerebral oppression which was extremely unpleasant. He had, however, cephalalgia before taking the medicine on that day. The pulse was reduced two or three beats below its natural frequency. There was no perceptible augmentation or diminution of the urine during these experiments.

From these results we must conclude, either that the extracts used were defective, or, that the potency of this medicine has been overrated. It seems to us that the former supposition is most probable. The question is one of considerable practical importance. It were to be wished that Dr. Earle had experimented with a number of different articles, both American and English; or, that those used, had been previously subjected to chemical analysis. The profession are under much obligation to him for these observations.

National Medical Convention.—The New York State Medical Society at its last annual meeting, adopted the following preamble and resolution:

"Whereas, it is believed that a National Convention would be conducive to the elevation of the standard of Medical Education in the United States, and whereas, there is no mode of accomplishing so desirable an object, without concert of action on the part of the medical Societies, Colleges, and institutions of all the States, therefore,

Resolved, That the New York State Medical Society earnestly recommend a National Convention of delegates from the Medical Societies and Colleges in the whole Union, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

Shall this plan of a convention be carried into effect? This is for the profession in the different States of the Union to decide. We hope measures have been taken to bring the subject before the Societies and Schools of the several States, so as to insure seasonable action upon it. In the meantime, it is desirable that the matters which will come before a convention be discussed throughout the country by means of medical periodicals, and the various local associations, in order that the general sentiments of the profession may be elicited, and properly represented by the delegates. None can doubt the propriety, nay, the urgent necessity for the adoption of some means to elevate the standard of medical education, and advance the dignity and usefulness of the profession. There seems no other course but for the profession to endeavor by its own action to effect objects so desirable to itself, and still more important to the public. We fervently hope that this movement will meet with general concurrence, and cordial cooperation. Much may probably be done by Medical Journals toward awakening interest in the measure, and we trust this duty will not be omitted. We are gratified to see in the New Orleans Journal a warm approval of it. The Editors say, "we look upon this as one of the most important moves ever proposed in regard to the profession in this country, and we sincerely hope the call will be responded to throughout the Union."

For acknowledgments of publications &c., see cover—next page.

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Notes of an European Tour---No. 6.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

DEAR M.

SWITZERLAND.

We left Villeneuve at early day-break: and travelling on through Gex and several smaller towns, belonging still to the Canton Vaud, we reached the frontier of the Valais Canton at about 8 A. M. Here the Rhone rushes through a deep chasm formed apparently by a rending asunder of that long and lofty chain of mountains which traverses Switzerland nearly east and west. The bridge, an ancient stone structure, built by the Romans, rests at one extremity against the base of Dent de Morcles, and at the other against the perpendicular sides of Dent du Midi; it is two hundred feet in length and of prodigious height, guarded at one end by a stone tower and at the opposite by a half ruined castle. Crossing this bridge I entered "where a key unlocks a kingdom." St. Maurice, the first of the Valais towns, extends from the bridge close between the mountain and the river, being little more than a single narrow street. Here we were detained nearly three hours, waiting for the Savoy line of coaches.

The Valais Canton commencing at this "barriero" reaches upward along the Rhone towards its source; and from hence, the whole physical features of the country become suddenly changed. Hitherto the valley had been wide and but slightly shaded by its opposite mountains; from St. Maurice it is generally narrow, deep, and overhung by some of the loftiest Alps: until now the soil of the valley had been wet but fertile, hereafter it is cold, rocky, and sterile: the villages we had passed were neat and flourishing, those we are now entering, are dirty and miserable in the extreme. But it is in the inhabitants that the most striking contrast is seen. Here live a race of beings of low, dwarfish stature, with idiotic heads and tallowy complexion, diseased, deformed, and bearing always marks of premature old age, two thirds of whom carry enormous goitres and thousands of whom have scarcely more intelligence than the swine with which they kennel, eat and die: the same now as when Juvenal wrote "quis tumidum guttur miratur in Alpibus."

In this disgusting picture St. Maurice occupies the foreground, being situated at the narrowest and deepest part of the Valley, where also from the direction of the valley north and south, the sun has the least admis-

sion, so that the inhabitants vegetate like plants in a cellar and seem filled with a cold, watery, stagnant fluid

A cup of "Cafe au lait" at the dirty Post House, was all my stomach would receive, and taking with me a ragged, toad-looking guide, who with that kind of instinct which belongs to the dullest of his profession, had marked me from my companions as a foreigner, I sauntered out on a tour of observation. Nearly opposite the "Post" was a fountain around which were gathered some dozen or more women, who with their prayer books were just returning from matin service; (this Canton you know is Catholic—the doctrines of Luther never crossed the bridge of St. Maurice,) not one of whom, I was impudent enough to ascertain, lacked the "tumid neck." Near the bridge I noticed several buildings or rather caverns forming the upper side of the street, built against and partly hewn from the perpendicular face of the rock, closed in front with a wall of stone and a rough wooden door, which was reached generally by a broken and steep stairway of ten or twelve steps. One of these I was proposing to enter and had already ascended more than half the steps, when two of the ugliest looking imps I ever saw began to assail me from the door with dirt and pieces of stone, accompanied with the most unnatural cries. It was evident that the place could only be taken by storm, and as I had no thought of any thing but a peaceable entrance I immediately beat a retreat. My villainous guide who stood grinning below at my discomfiture, now pointed to another "hole" a little beyond where he intimated that I might be admitted if I had a batzen to spare; the terms were reasonable and I accepted. A similar flight of stairs led to an open door and we entered without ceremony. It was a small, single room, one side of which was formed by the moist, black rock; the door served the triple purpose of place of entrance, chimney and window. A few extinguished embers near the back wall indicated the fire place. The furniture consisted of a box of straw for a bed, a table, bench, stools, with sundry pieces of broken iron which might have been called cooking utensils. The occupants of this place were a squabby, stupid looking woman, and an infant nearly naked, and which looked more like a young kangaroo than human offspring. As we entered, a few words passed between my guide and the woman, which ended in a half idiotic expression of pleasure on the face of the latter and an extension of her filthy hand for alms. I saw how much it had cost to sustain such an establishment—intellect, health, and every thing that can render life desirable—and I did not deny the claim.

Leaving St. Maurice we passed on the right "the Hermitage," a small chapel placed on a shelf half way up a perpendicular rock and accessible only by a narrow and difficult stairway which winds down from above.—The occupant, I was told, is a solitary monk. Beyond the Hermitage, near the road, is a small *lâin*, marked by tradition as the spot where the Theban legion of six thousand soldiers refusing to abjure Christianity, was executed A. D. 302, by order of the Emperor Maximian. Farther on, the road becomes irregular, presenting traces of an avalanche of earth which a few years since slid from the summit of Dent du Midi, covering the road, orchards, fields and dwellings; granite blocks weighing many tons were carried down with such force as to bury themselves deep in the earth below.

Martigny is the next town and has little to distinguish it from its neighbor, either in its general aspect or the appearance of its population.—The ruined tower of La Batie, formerly the palace and castle of the Archbishops of Sion, is situated upon a high hill which overlooks the town from the west. Within the town is the large convent of St. Augustine Monks, from which the Hospices of St. Bernard and the Simplon are regularly relieved. Here also commences the St. Bernard track across the Alps, rendered famous by the passage of Napoleon. Leaving to Napoleon all the glory of this difficult pass, I chose to cross at the "Simplon" which leaves the valley about 50 miles farther up.

For a few miles after leaving Martigny, we drove along the left bank of the Rhone, (which here flows again toward the west) and through a scene of almost complete desolation. At Riddes we again took the right bank, and a mile farther on crossed the Licerne, a small tributary which descends from Mt. Diablerets nearly ten thousand feet high, and along whose southern slope the track of an avalanche is still visible. In 1714 a slide of unusual extent from this mountain crushed many cottages with their inhabitants; one person however escaped after being buried three months. His hamlet, built of stone, had not broken in, and supplied with cheese which he had provided for winter, and water which trickled through the walls, he at length contrived to work his way out.

All the way along the road I saw stupid beings, dragging themselves to their work and loitering in the fields, who as we passed would stop and gaze always with the same unmeaning stare. The cattle even looked rickety and the horses half fed—vegetation also partook of the same sickly appearance; the grass grew wet and rank, and the few trees of apple and pears which I saw were gnarled and dwarfish.

Looking up the valley, the city of Sion is seen situated in its centre, which with its two castles crowning a couple of abrupt eminences near the middle of the town, presents as seen from a distance a highly picturesque appearance. As we approached I was surprised at the appearance of a military encampment just without the walls of the city, the whole plain adjoining the road being covered with tents and soldiers: and we entered under the gateway of the ancient Capital of the Seduni, now the See of a Catholic Bishop and Capital of the Valais Canton, amid a gay scene of floating banners and waving plumes. I had learned at Geneva that considerable popular excitement existed along this Valley in consequence of the general Diet having exercised certain authorities, by this Canton and others deemed unconstitutional; but the immediate occasion of the appearance of the military under the walls of Sion was that in obedience to a call circulated a few weeks before a "convocation extraordinaire du Canton du Haut Valais" had to-day met at the "Hotel de Ville" of Sion. This was considered illegal, and the troops were assembled by order of the Diet either to disperse or intimidate the assembly, or perhaps, in case of necessity to storm the city.

This ancient city, for several centuries a fortified ecclesiastical residence, one of whose Bishops had impressed upon his coin the effigy of a Devil, I will describe to you by quoting verbatim my notes made when after a short walk I returned to my Hotel. "Walls broken; streets narrow, crooked, damp, filthy; crammed with soldiers, priests, peasants, goats, jacks, donkeys, cats, dogs and parrots; men dwarfish, deformed, blue-eyed,

black and devilish; women ill-formed, squabby, goitrous, yellow, ugly, wizard looking, with dirty valais hats or wash tubs on their heads; met a priest with a shorn scalp, bareheaded, barefooted, long beard, greasy frock and cowl, rope about the waist, face bespattered with snuff, with a tin box, and pewter cross, begging alms to pay himself for praying poor souls out of purgatory. (If I am forced to stay long here I shall ask for his prayers.) Wooden Madonnas with tin crowns at every corner; hardware store filled with fragments of old iron, rusty, broken locks &c., over the door carved armorial bearings representing two dragons rampant; bookstore, two or three hundred dirty volumes, with piles of vilely executed prints of Priests, Saints, Madonnas &c.; letter paper with views of Sion *from a distance*; milliner's shop, entered at window, it being the only door, red and yellow ribbons, tawdry bonnets and wooden shoes of all sizes, velvet necklaces with large gold washed clasps to adorn the front of a goitrous tumor; tailor's shop, pictures of Parisian fashions on Parisian dandies at windows, contrasted with a Valais fashion on a Valais tailor at the door; hospital, stone building, refused admission; returning saw two idiots chattering and rocking their senseless heads at each other."

At Sierra, a few miles beyond Sion, conveyances are taken to the warm baths of Leuk, situated five thousand feet up the mountain. The pass is extremely narrow and was defended in 1799 by an inferior force of Vallaisans for several weeks against the French, but the Vallaisans being compelled finally to yield, one fourth of the population of the valley were massacred with nearly all of the cretins, who could neither fly nor defend themselves. The waters of Leuk have a temperature of about thirty-eight degrees, and are much frequented notwithstanding the difficulty of access, and the fact that in 1719 and 1758 every building in Leuk was swept away by avalanches.

Ruined castles have become so familiar to me in this country that I scarcely give them more notice in passing than I do a glacier or a mountain peak; three, stand upon the opposite mountains in sight of Sion, and were once the strong holds of freebooters, who kept the whole adjacent country in awe; above Sierra two more raise their crumbling battlements on the left.

Along the valley of the Visp which is seen opening from the right, lies the pass of Mount Cervin, an hour's ride within which is situated the hamlet of Grenchen, where Thomas Platter, a physician and celebrated ~~former~~ ^{former} was born. Briegg, where we halted for the night, is situated at the northern extremity of the Simplon pass: and worn out with incessant labor, watchfulness and excitement, continued ever since I had left Geneva, I was happy to find a warm fire, an excellent supper and a comfortable bed.

I shall now have done with this valley of disease, this strange pathological collection, when I have added a few reflections. I think no one can ravel through this Canton without being convinced that, whatever causes may produce goitre elsewhere, here at least it has its source in poverty, filth, indolence, a meagre, coarse diet, humid air and exclusion from light; causes, which from the peculiar disinclination of the inhabitants to migrate or marry beyond their own Canton, have, by ceaseless inheritance *been accumulating in intensity through a long succession of generations; for the children of goitrous parents and grand parents are generally born*

goitrous, and the intermarriage of persons born goitrous produces a cro-tin offspring. And we may account for the greater prevalence of goitre here than perhaps in any other part of Europe, from the more perfect combination of the causes enumerated, especially exclusion from pure air and light, the valley being the deepest in Europe, and that portion of it which extends between St. Maurice and St. Martigny being very narrow and extending directly north and south, is visited by the sun only a few hours of the day; while the parallel mountains which verge the river, and the lofty barrier of Dent du Midi and Dent de Morcles on the north, and St. Bernard on the south, effectually cut off the wind from whatever point it may blow. Here then is a basin of stagnant air which has never been stirred since the mountains took their present form, and which must forever remain, despite what art or civilization may do, given up to this horrible disease.

Other causes have been assigned for the existence of goitre and cretinism along this valley; none of them however, will bear examination. The "custom of carrying burdens upon the head" so universal here, is no less universal among the peasantry in nearly all parts of Europe, and if it was adequate to the production of goitre here, it would prove equally adequate elsewhere. The "habitual use of snow water" by the Valaisans cannot be denied, since not only the Rhone itself, but all its small tributaries and even most of the springs are supplied directly by the glaciers which are forever above them. Yet how much this has to do with the production of goitre is understood when it is known that a removal to the summits of the mountains where snow water *must* be the sole drink, is the most certain cure of both goitre and cretinism and that if the transplantation occur sufficiently early it will often effectually prevent their development. Nor can I ascribe any more weight to the large amount of "calcareous, magnesian and silicious particles" which those who drink the waters of the Rhone necessarily receive, and which constantly render the river turbid and cover its banks with a white sand, since neither lime, magnesia nor silex have yet been shown to produce goitre. I know many districts in which lime is the only rock and the waters are highly impregnated and yet the malady in question does not prevail—the same it is not denied, may be said of many primitive regions—I attach also great importance to the argument that if foreign particles suspended in the water was actually the cause, it would be so easily ascertained, that it could not fail of having been known long since, by confining, either accidentally or intentionally, persons still residing in the valley to snow artificially melted and deprived of all foreign elements. The proof would be so natural and easy that, I say, it *must* have been made and the doubt resolved.

You remember my suddenly formed opinion, when I saw both goitre and scrofula at Geneva, that both sprang from the same or similar sources, which opinion I declared I would hold with the privilege of changing if I found occasion hereafter. The opinion is confirmed. I do not say positively that the diseases are the same, but certainly they have like causes and many other points in common. Scrofula is hereditary, so is goitre; goitre occurs oftenest in children of light complexion, flaxen hair, large blue eyes, soft, relaxed fibres, and who present not unfrequently a precocity of intellect; the same is true of scrofula. Valaisans have what

we term a scrofulous look. Many are rickety or otherwise deformed, yet seldom did I see scrofulous enlargement in the absorbent glands of the neck, and as I believe, because the existence of a tumor often as large as the head and sometimes twice as large, (Dr. Mott says he saw at Martigny one of such magnitude that "the poor woman was obliged to crawl along the floor upon her hands and feet dragging the gigantic dewlap, and pendulous mass after her,") serves as a sufficient drain and prevents their development—precisely as the existence of one large scrofulous tumor retards the growth of others, while its removal is followed often by a numerous crop of new sprouts along the whole chain of absorbents. I am aware that *in Scotland scrofula is common and goitre is rare*, but having travelled some among the peasantry of the Highlands and the adjacent valleys, and observed their habits, modes of living, climate, I am convinced that to say the least, we are not entitled to the inference drawn by Dr. Gibson that *therefore*, scrofula and goitre cannot be confounded.—Precisely the causes which produce goitre in Switzerland, fair complexion, filthy cabins, meagre, coarse vegetable diet, exclusion from air and light exist also in the valleys of the Scotch Highlands only in a less degree of intensity—and the only inference which could be legitimately made would be that *these causes operating moderately produce scrofula, and operating more intensely produce goitre*.

Farther, the diseases might seem to have a common source, since they are subject to common remedies. Not to be more particular, I may mention the use of iodine, which is regarded as almost equally a specific for both,—tonics, cleanliness, nutritious and wholesome diet, and also removal into a more clear and invigorating air. I might also add that while exclusion from light alone has been proven by experiment to produce in dogs "softening of the bones and rickets" (a scrofulous constitution) so here the goitre extends to dogs, goats, sheep, cattle, horses &c.

Abstract of the Reports

of the Sick and Wounded at Buffalo Barracks, from 1st July 1842, to 30th June 1845—3 years—by R. C. Wood, M. D., Surgeon U. S. Army.

Communicated for the Buffalo Medical Journal, by Lieut. E. R. LONG, M. D., U. S. A.

It is due to the contributor of the following article, to state that it was submitted for the Journal in a tabular form, prepared with much care and labor. It was found, however, that it could not be presented to our readers in this form without being extended to several pages, which would impair its appearance, and render it inconvenient easy reference. We have deemed it best, therefore, to give the facts a different arrangement, in order to render them more readily accessible, and for the sake of greater condensation. Our thanks are due to our esteemed friend and correspondent for his valuable communication. We hope to hear from him frequently. The classification of diseases followed in this abstract is that prescribed by the regulations of the Medical Department of the United States Army.—EDITOR.

FEVERS.

Continued.—1842, in August, 1 case. 1844, March, 2 cases. April, 1 case. November, 1 case. Total for the three years, 5 cases.

Intermittent.—1842, July, 47 cases. August, 25 cases. September, 13 cases. October, 10 cases. November, 11 cases. December, 12 cases.—1843, January, 6 cases. February, 4 cases. March, 3 cases. April, 1 case. May, 4 cases. June, 1 case. July, 2 cases. August, 1 case. September, 1 case. October, 4 cases. November, 1 case. December, 1 case. 1844, May, 1 case. June, 5 cases. September, 4 cases. November, 6 cases. December, 1 case. Total number of cases, 168.

Remittent or Bilious.—Two cases only enter into the report, which occurred September, 1844.

Ephemeral.—Under this head 6 cases are reported, all of which occurred in October, 1843.

ERUPTIVE FEVERS.

Erysipelas—In June, 1843, 2 cases.

Rubeola.—In February, 1844, 1 case. In May, 1845, 6 cases. In June, 1 case. Total number, 8.

Scarlatina.—In April, 1845, 1 case.

DISEASES OF THE ORGANS CONNECTED WITH DIGESTION.

Cholera.—1843, April, 1 case. May, 1 case. July, 2 cases. August, 1 case. November, 1 case. 1844, October, 1 case. November, 1 case. Total number, 8.

Colica.—1842, September, 1 case. 1844, January, 1 case. June, 1 case. 1845, June, 2 cases. Total number, 5.

Diarrhœa.—1842, July, 27 cases. August, 19 cases. September, 13 cases. October, 2 cases. November, 2 cases. December, 5 cases. 1845, January, 3 cases. March, 3 cases. April, 2 cases. May, 3 cases. June, 2 cases. July, 16 cases. August, 18 cases. September, 4 cases. December, 3 cases. 1844, January, 1 case. February, 1 case. March, 2 cases. June, 3 cases. July, 24 cases. August, 13 cases. September, 11 cases. October, 2 cases. November, 2 cases. December, 1 case. 1845, January, 2 cases. February, 1 case. March, 2 cases. April, 2 cases. May, 6 cases. June, 6 cases. Total number, 201.

Dysentery Acuta.—1844, June, 1 case. 1845, January, 1 case.—Total number, 2.

Dysentery Chronica.—1842, November, 1 case. December, 1 case. 1844, June, 1 case. November, 1 case. Total number, 4.

Gastritis.—1843, August, 1 case. September, 1 case. Total number, 2.

Hepatitis Chronica.—1844, June, 1 case. August, 1 case. Total number, 2.

Icterus.—1843, December, 1 case. 1844, June, 1 case. August, 1 case. Total number, 3.

Obstipatio.—1842, July, 9 cases. September, 1 case. November, 1 case. December, 2 cases. 1843, January, 1 case. February, 1 case.—April, 1 case. June, 1 case. July, 1 case. August, 1 case. September, 1 case. 1844, August, 1 case. September, 1 case. November, 1 case.—April, 1 case. 1845, May, 2 cases. June, 1 case. Total number, 27.

Cynanche Parotidea.—1844, February, 1 case. March, 5 cases. July 1 case. August, 1 case. Total number, 8.

Tonsillitis.—1842, November, 1 case. December, 3 cases. 1844, May, 1 case. 1845, January, 1 case. Total number, 6.

RESPIRATORY SYSTEM.

Bronchitis.—In March, 1843, 1 case.

Catarrhus.*—1842, July, 54 cases. August, 35 cases. September, 12 cases. October, 23 cases. November, 32 cases. December, 21 cases. 1843, January, 16 cases. February, 30 cases. March, 34 cases. April, 27 cases. May, 51 cases. June, 92 cases. July, 16 cases. August, 6 cases. September, 9 cases. October, 17 cases. November, 10 cases. December, 8 cases. 1844, January, 10 cases. February, 20 cases. March, 15 cases. April, 14 cases. May, 11 cases. June, 6 cases. July, 6 cases. August, 19 cases. September, 5 cases. October, 11 cases. November, 2 cases. December, 9 cases. 1845, January, 10 cases. February, 15 cases. March, 25 cases. April, 18 cases. May, 16 cases. June, 12 cases. Total number, 726.

Hæmoptysis.—1842, July, 1 case. 1844, March, 1 case. Total number, 2.

Pthisis Pulmonalis.—1842, December, 1 case. 1844, January, 1 case. Total number, 2.

Pleuritis.—1842, August, 4 cases. December, 1 case. 1843, March, 2 cases. April, 2 cases. May, 2 cases. September, 1 case. October, 1 case. 1844, January, 3 cases. February, 1 case. September, 1 case. October, 2 cases. November, 1 case. 1845, March, 2 cases. April, 4 cases. May, 1 case. June, 1 case. Total number, 29.

Pneumonitis.—1843, July, 1 case. September, 2 cases. December, 2 cases. 1844, January, 8 cases. 1845, February, 1 case. March, 1 case. April, 2 cases. May, 1 case. Total number, 18.

BRAIN AND NERVOUS SYSTEM.

Apoplexia.—1843, June, 1 case. July, 2 cases. Total number, 3.

Cephalalgia.—1842, August, 1 case. September, 1 case. November, 1 case. 1843, May, 2 cases. 1844, April, 1 case. May, 1 case. June, 1 case. 1845, March, 2 cases. May, 1 case. June, 1 case. Total number, 13.

Delirium Tremens.—1842, August, 2 cases. October, 2 cases. November, 2 cases. December, 4 cases. 1843, January, 2 cases. February, 2 cases. March, 3 cases. August, 1 case. 1844, March, 1 case. April, 1 case. Total number, 20.

Epilepsia.—1842, October, 1 case. December, 1 case. 1843, January, 2 cases. February, 1 case. May, 1 case. June, 4 cases. July, 2 cases. August, 1 case. September, 1 case. December, 1 case. 1845, November, 2 cases. Total number, 17 cases.

Paralysis.—1844, February 1 case.

* The nosological distinction between catarrh and bronchitis is not readily defined: Writers and practitioners differ very much as respects the relative application of the two terms. It is probable that a large proportion of the cases included in these reports under the head of catarrh, would more commonly, and, perhaps, more appropriately be called cases of bronchitis.—EDITOR.

URINARY AND GENITAL ORGANS.

As we can perceive no object to be answered in stating the months respectively in which the cases included in this division transpired, we give simply the total number for the whole period. EDITOR.

Gonorrhœa.—Number of cases, 73.

Ischuria et Dysuria.—Number of cases, 23.

Orchitis.—Number of cases, 18.

Syphilis prim et secund.—Number of cases, 56.

FIBROUS AND MUSCULAR TISSUES.

Rheumatism acut.—1844, August, 1 case. November, 1 case. 1845, April, 1 case. Total number, 3.

Rheumatism chron.—1842, July, 7 cases. August, 2 cases. September, 5 cases. October, 4 cases. November, 9 cases. December, 2 cases. 1843, January, 3 cases. February, 5 cases. April, 2 cases. May, 3 cases. August, 1 case. September, 2 cases. October, 3 cases. November, 2 cases. December, 1 case. 1844, January, 2 cases. June 3 cases. July, 3 cases. August, 2 cases. September, 5 cases. October, 2 cases. December, 1 case. 1845, February, 1 case. March, 1 case. May, 1 case. Total number, 72.

As neuralgic affections have not a place in the table from which these cases are enumerated, we infer that the nosological classification prescribed to the medical officers of the army, does not include them under this head. We cannot speak definitely on this point, and have no means of obtaining, at once, information respecting it. If it be so, there is occasion to suppose that cases of neuralgia are embraced among those entitled Chronic Rheumatism. Neuralgia is an affection quite common in this locality; and the great number of the cases of chronic rheumatism in these reports, compared with those of the acute form of the disease, will, we think, surprise our readers, unless we adopt this explanation.—EDITOR.

ABSCESSSES AND ULCERS.

We give only the sum total of cases included in the remaining divisions.—EDITOR.

Phlegmon et abscess.—Total number, 4.

Ulcers.—Total number, 149.

WOUNDS AND INJURIES.

Am bustio.—Total number, 7.

Contusio.—Total number, 8.

Luxatio.—Total number, 3.

Vulnus incis.—Total number, 58.

V. Punct.—Total number, 7.

V. Sclopesticum.—Total number, 1.

ALL OTHER DISEASES.

Amaurosis.—Number of cases, 1.

Debilitas.—Number of cases, 5.

Ebrietas.—Number of cases, 47.

Hæmorrhoids.—Number of cases, 11.

Hernia.—Number of cases, 10.

Odontalgia.—Number of cases, 14.

Ophthalmia.—Number of cases, 62.

Otitis.—Number of cases, 8.

Prolapsus Ani.—Number of cases, 2.

Physiological effects of Conium Maculatum.—In the July No., of the American Journal of Med. Sciences, Pliny Earle M. D., Physician to Bloomingdale Asylum for the insane, N. Y., details some experiments upon his own person to determine the effects of Conium, and the quantity necessary to be taken to secure its specific effects.

He commenced with an extract prepared by Lee and Butler of Hartford Conn., in doses of 1 grain, and gradually increased the dose, daily, up to sixty grains, which he repeated for seven successive days. The effects of the medicine were slight vertigo and sense of fulness in the head, when 25 grains were taken morning, noon, and evening; increase of vertigo, and feeling as if the eyes were swollen and protuberant after 30 grs; weariness and weakness in the knees, were added after 45 grs; dimness of vision, a peculiar feeling of uneasiness and weakness in the *biceps brachii* muscle, and some dilation of pupils after 50 grs; increase of all the preceding symptoms, with the addition of double vision after 60 grs. A sensation of warmth in the epigastrium was also perceived after taking it in large doses. It does not appear that any tendency to somnolency was produced.

A second series of experiments was subsequently made with an extract shortly before imported, bearing the mark of Mander, Weaver & Co. No sensible effects were produced until sixteen grains *terrin die* were taken. Sixty grains at morning, and seventy at noon and night, of the same day, produced similar effects, and to the same degree, as 35 grains of the American extract. Eighty grains in the morning, ninety at noon and one hundred at night, produced, in addition to the usual symptoms, a cerebral oppression which was extremely unpleasant. He had, however, cephalalgia before taking the medicine on that day. The pulse was reduced two or three beats below its natural frequency. There was no perceptible augmentation or diminution of the urine during these experiments.

From these results we must conclude, either that the extracts used were defective, or, that the potency of this medicine has been overrated. It seems to us that the former supposition is most probable. The question is one of considerable practical importance. It were to be wished that Dr. Earle had experimented with a number of different articles, both American and English; or, that those used, had been previously subjected to chemical analysis. The profession are under much obligation to him for these observations.

National Medical Convention.—The New York State Medical Society at its last annual meeting, adopted the following preamble and resolution:

"Whereas, it is believed that a National Convention would be conducive to the elevation of the standard of Medical Education in the United States, and whereas, there is no mode of accomplishing so desirable an object, without concert of action on the part of the medical Societies, Colleges, and institutions of all the States, therefore,

Resolved, That the New York State Medical Society earnestly recommend a National Convention of delegates from the Medical Societies and Colleges in the whole Union, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

Shall this plan of a convention be carried into effect? This is for the profession in the different States of the Union to decide. We hope measures have been taken to bring the subject before the Societies and Schools of the several States, so as to insure seasonable action upon it. In the meantime, it is desirable that the matters which will come before a convention be discussed throughout the country by means of medical periodicals, and the various local associations, in order that the general sentiments of the profession may be elicited, and properly represented by the delegates. None can doubt the propriety, nay, the urgent necessity for the adoption of some means to elevate the standard of medical education, and advance the dignity and usefulness of the profession. There seems no other course but for the profession to endeavor by its own action to effect objects so desirable to itself, and still more important to the public. We fervently hope that this movement will meet with general concurrence, and cordial cooperation. Much may probably be done by Medical Journals toward awakening interest in the measure, and we trust this duty will not be omitted. We are gratified to see in the New Orleans Journal a warm approval of it. The Editors say, "we look upon this as one of the most important moves ever proposed in regard to the profession in this country, and we sincerely hope the call will be responded to throughout the Union."

¶ For acknowledgments of publications &c., see cover—next page.

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No. 6.

Notes of an European Tour....No. 6.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

DEAR M.

SWITZERLAND.

We left Villeneuve at early day-break: and travelling on through Gex and several smaller towns, belonging still to the Canton Vaud, we reached the frontier of the Valais Canton at about 8 A. M. Here the Rhone rushes through a deep chasm formed apparently by a rending asunder of that long and lofty chain of mountains which traverses Switzerland nearly east and west. The bridge, an ancient stone structure, built by the Romans, rests at one extremity against the base of Dent de Morcles, and at the other against the perpendicular sides of Dent du Midi; it is two hundred feet in length and of prodigious height, guarded at one end by a stone tower and at the opposite by a half ruined castle. Crossing this bridge I entered "where a key unlocks a kingdom." St. Maurice, the first of the Valais towns, extends from the bridge close between the mountain and the river, being little more than a single narrow street. Here we were detained nearly three hours, waiting for the Savoy line of coaches.

The Valais Canton commencing at this "barriere" reaches upward along the Rhone towards its source; and from hence, the whole physical features of the country become suddenly changed. Hitherto the valley had been wide and but slightly shaded by its opposite mountains; from St. Maurice it is generally narrow, deep, and overhung by some of the loftiest Alps: until now the soil of the valley had been wet but fertile, hereafter it is cold, rocky, and sterile: the villages we had passed were neat and flourishing, those we are now entering, are dirty and miserable in the extreme. But it is in the inhabitants that the most striking contrast is seen. Here live a race of beings of low, dwarfish stature, with idiotic heads and tallowy complexion, diseased, deformed, and bearing always marks of premature old age, two thirds of whom carry enormous goitres and thousands of whom have scarcely more intelligence than the swine with which they kennel, eat and die: the same now as when Juvenal wrote "quis tumidum guttur miratur in Alpibus."

In this disgusting picture St. Maurice occupies the foreground, being situated at the narrowest and deepest part of the Valley, where also from the direction of the valley north and south, the sun has the least admis-

sion, so that the inhabitants vegetate like plants in a cellar and seem filled with a cold, watery, stagnant fluid

A cup of "Cafe au lait" at the dirty Post House, was all my stomach would receive, and taking with me a ragged, toad-looking guide, who with that kind of instinct which belongs to the dullest of his profession, had marked me from my companions as a foreigner, I sauntered out on a tour of observation. Nearly opposite the "Post" was a fountain around which were gathered some dozen or more women, who with their prayer books were just returning from matin service; (this Canton you know is Catholic—the doctrines of Luther never crossed the bridge of St. Maurice,) not one of whom, I was impudent enough to ascertain, lacked the "tumid neck." Near the bridge I noticed several buildings or rather caverns forming the upper side of the street, built against and partly hewn from the perpendicular face of the rock, closed in front with a wall of stone and a rough wooden door, which was reached generally by a broken and steep stairway of ten or twelve steps. One of these I was proposing to enter and had already ascended more than half the steps, when two of the ugliest looking imps I ever saw began to assail me from the door with dirt and pieces of stone, accompanied with the most unnatural cries. It was evident that the place could only be taken by storm, and as I had no thought of any thing but a peaceable entrance I immediately beat a retreat. My villainous guide who stood grinning below at my discomfiture, now pointed to another "hole" a little beyond where he intimated that I might be admitted if I had a batzen to spare; the terms were reasonable and I accepted. A similar flight of stairs led to an open door and we entered without ceremony. It was a small, single room, one side of which was formed by the moist, black rock; the door served the triple purpose of place of entrance, chimney and window. A few extinguished embers near the back wall indicated the fire place. The furniture consisted of a box of straw for a bed, a table, bench, stools, with sundry pieces of broken iron which might have been called cooking utensils. The occupants of this place were a squabby, stupid looking woman, and an infant nearly naked, and which looked more like a young kangaroo than human offspring. As we entered, a few words passed between my guide and the woman, which ended in a half idiotic expression of pleasure on the face of the latter and an extension of her filthy hand for alms. I saw how much it had cost to sustain such an establishment—intellect, health, and every thing that can render life desirable—and I did not deny the claim.

Leaving St. Maurice we passed on the right "the Hermitage," a small chapel placed on a shelf half way up a perpendicular rock and accessible only by a narrow and difficult stairway which winds down from above.—The occupant, I was told, is a solitary monk. Beyond the Hermitage, near the road, is a small *lâin*, marked by tradition as the spot where the Theban legion of six thousand soldiers refusing to abjure Christianity, was executed A. D. 302, by order of the Emperor Maximian. Farther on, the road becomes irregular, presenting traces of an avalanche of earth which a few years since slid from the summit of Dent du Midi, covering the road, orchards, fields and dwellings; granite blocks weighing many tons were carried down with such force as to bury themselves deep in the earth below.

Martigny is the next town and has little to distinguish it from its neighbor, either in its general aspect or the appearance of its population.—The ruined tower of La Batie, formerly the palace and castle of the Archbishops of Sion, is situated upon a high hill which overlooks the town from the west. Within the town is the large convent of St. Augustine Monks, from which the Hospices of St. Bernard and the Simplon are regularly relieved. Here also commences the St. Bernard track across the Alps, rendered famous by the passage of Napoleon. Leaving to Napoleon all the glory of this difficult pass, I chose to cross at the "Simplon" which leaves the valley about 50 miles farther up.

For a few miles after leaving Martigny, we drove along the left bank of the Rhone, (which here flows again toward the west) and through a scene of almost complete desolation. At Riddes we again took the right bank, and a mile farther on crossed the Licerne, a small tributary which descends from Mt. Diablerets nearly ten thousand feet high, and along whose southern slope the track of an avalanche is still visible. In 1714 a slide of unusual extent from this mountain crushed many cottages with their inhabitants; one person however escaped after being buried three months. His hamlet, built of stone, had not broken in, and supplied with cheese which he had provided for winter, and water which trickled through the walls, he at length contrived to work his way out.

- All the way along the road I saw stupid beings, dragging themselves to their work and loitering in the fields, who as we passed would stop and gaze always with the same unmeaning stare. The cattle even looked rickety and the horses half fed—vegetation also partook of the same sickly appearance; the grass grew wet and rank, and the few trees of apple and pears which I saw were gnarled and dwarfish.

Looking up the valley, the city of Sion is seen situated in its centre, which with its two castles crowning a couple of abrupt eminences near the middle of the town, presents as seen from a distance a highly picturesque appearance. As we approached I was surprised at the appearance of a military encampment just without the walls of the city, the whole plain adjoining the road being covered with tents and soldiers: and we entered under the gateway of the ancient Capital of the Seduni, now the See of a Catholic Bishop and Capital of the Valais Canton, amid a gay scene of floating banners and waving plumes. I had learned at Geneva that considerable popular excitement existed along this Valley in consequence of the general Diet having exercised certain authorities, by this Canton and others deemed unconstitutional; but the immediate occasion of the appearance of the military under the walls of Sion was that in obedience to a call circulated a few weeks before a "convocation extraordinaire du Canton du Haut Valais" had to-day met at the "Hotel de Ville" of Sion. This was considered illegal, and the troops were assembled by order of the Diet either to disperse or intimidate the assembly, or perhaps, in case of necessity to storm the city.

This ancient city, for several centuries a fortified ecclesiastical residence, one of whose Bishops had impressed upon his coin the effigy of a Devil, I will describe to you by quoting verbatim my notes made when after a short walk I returned to my Hotel. "Walls broken; streets narrow, crooked, damp, filthy; crammed with soldiers, priests, peasants, goats, jacks, donkeys, cats, dogs and parrots; men dwarfish, deformed, bleary-eyed,

black and devilish; women ill-formed, squabby, goitrous, yellow, ugly, wizard looking, with dirty valais hats or wash tubs on their heads; met a priest with a shorn scalp, bareheaded, barefooted, long beard, greasy frock and cowl, rope about the waist, face bespattered with snuff, with a tin box, and pewter cross, begging alms to pay himself for praying poor souls out of purgatory. (If I am forced to stay long here I shall ask for his prayers.) Wooden Madonnas with tin crowns at every corner; hardware store filled with fragments of old iron, rusty, broken locks &c., over the door carved armorial bearings representing two dragons rampant; bookstore, two or three hundred dirty volumes, with piles of vilely executed prints of Priests, Saints, Madonnas &c.; letter paper with views of Sion *from a distance*; milliner's shop, entered at window, it being the only door, red and yellow ribbons, tawdry bonnets and wooden shoes of all sizes, velvet necklaces with large gold washed clasps to adorn the front of a goitrous tumor; tailor's shop, pictures of Parisian fashions on Parisian dandies at windows, contrasted with a Valais fashion on a Valais tailor at the door; hospital, stone building, refused admission; returning saw two idiots chattering and rocking their senseless heads at each other."

At Sierra, a few miles beyond Sion, conveyances are taken to the warm baths of Leuk, situated five thousand feet up the mountain. The pass is extremely narrow and was defended in 1799 by an inferior force of Vallaisans for several weeks against the French, but the Vallaisans being compelled finally to yield, one fourth of the population of the valley were massacred with nearly all of the cretins, who could neither fly nor defend themselves. The waters of Leuk have a temperature of about thirty-eight degrees, and are much frequented notwithstanding the difficulty of access, and the fact that in 1719 and 1758 every building in Leuk was swept away by avalanches.

Ruined castles have become so familiar to me in this country that I scarcely give them more notice in passing than I do a glacier or a mountain peak; three, stand upon the opposite mountains in sight of Sion, and were once the strong holds of freebooters, who kept the whole adjacent country in awe; above Sierra two more raise their crumbling battlements on the left.

Along the valley of the Visp which is seen opening from the right, lies the pass of Mount Cervin, an hour's ride within which is situated the hamlet of Grenchen, where Thomas Platter, a physician and celebrated reformer was born. Briegg, where we halted for the night, is situated at the northern extremity of the Simplon pass: and worn out with incessant labor, watchfulness and excitement, continued ever since I had left Geneva, I was happy to find a warm fire, an excellent supper and a comfortable bed.

I shall now have done with this valley of disease, this strange pathological collection, when I have added a few reflections. I think no one can travel through this Canton without being convinced that, whatever causes may produce goitre elsewhere, here at least it has its source in poverty, filth, indolence, a meagre, coarse diet, humid air and exclusion from light; causes, which from the peculiar disinclination of the inhabitants to migrate or marry beyond their own Canton, have, by ceaseless inheritance *been accumulating* in intensity through a long succession of generations; *for the children of goitrous parents and grand parents are generally born*

goitrous, and the intermarriage of persons born goitrous produces a cretin offspring. And we may account for the greater prevalence of goitre here than perhaps in any other part of Europe, from the more perfect combination of the causes enumerated, especially exclusion from pure air and light, the valley being the deepest in Europe, and that portion of it which extends between St. Maurice and St. Martigny being very narrow and extending directly north and south, is visited by the sun only a few hours of the day; while the parallel mountains which verge the river, and the lofty barrier of Dent du Midi and Dent de Morcles on the north, and St. Bernard on the south, effectually cut off the wind from whatever point it may blow. Here then is a basin of stagnant air which has never been stirred since the mountains took their present form, and which must forever remain, despite what art or civilization may do, given up to this horrible disease.

Other causes have been assigned for the existence of goitre and cretinism along this valley; none of them however, will bear examination. The "custom of carrying burdens upon the head" so universal here, is no less universal among the peasantry in nearly all parts of Europe, and if it was adequate to the production of goitre here, it would prove equally adequate elsewhere. The "habitual use of snow water" by the Valaisans cannot be denied, since not only the Rhone itself, but all its small tributaries and even most of the springs are supplied directly by the glaciers which are forever above them. Yet how much this has to do with the production of goitre is understood when it is known that a removal to the summits of the mountains where snow water *must* be the sole drink, is the most certain cure of both goitre and cretinism and that if the transplantation occur sufficiently early it will often effectually prevent their development. Nor can I ascribe any more weight to the large amount of "calcareous, magnesian and silicious particles" which those who drink the waters of the Rhone necessarily receive, and which constantly render the river turbid and cover its banks with a white sand, since neither lime, magnesia nor silice have yet been shown to produce goitre. I know many districts in which lime is the only rock and the waters are highly impregnated and yet the malady in question does not prevail—the same it is not denied, may be said of many primitive regions—I attach also great importance to the argument that if foreign particles suspended in the water was actually the cause, it would be so easily ascertained, that it could not fail of having been known long since, by confining, either accidentally or intentionally, persons still residing in the valley to snow artificially melted and deprived of all foreign elements. The proof would be so natural and easy that, I say, it *must* have been made and the doubt resolved.

You remember my suddenly formed opinion, when I saw both goitre and scrofula at Geneva, that both sprang from the same or similar sources, which opinion I declared I would hold with the privilege of changing if I found occasion hereafter. The opinion is confirmed. I do not say positively that the diseases are the same, but certainly they have like causes and many other points in common. Scrofula is hereditary, so is goitre; goitre occurs oftenest in children of light complexion, flaxen hair, large blue eyes, soft, relaxed fibres, and who present not unfrequently a precocity of intellect; the same is true of scrofula. Valaisans have what

we term a scrofulous look. Many are rickety or otherwise deformed, yet seldom did I see scrofulous enlargement in the absorbent glands of the neck, and as I believe, because the existence of a tumor often as large as the head and sometimes twice as large, (Dr. Mott says he saw at Martigny one of such magnitude that "the poor woman was obliged to crawl along the floor upon her hands and feet dragging the gigantic dewlap, and pendulous mass after her,") serves as a sufficient drain and prevents their development—precisely as the existence of one large scrofulous tumor retards the growth of others, while its removal is followed often by a numerous crop of new sprouts along the whole chain of absorbents. I am aware that in *Scotland scrofula is common and goitre is rare*, but having travelled some among the peasantry of the Highlands and the adjacent valleys, and observed their habits, modes of living, climate, I am convinced that to say the least, we are not entitled to the inference drawn by Dr. Gibson that *therefore, scrofula and goitre cannot be confounded*.—Precisely the causes which produce goitre in Switzerland, fair complexion, filthy cabins, meagre, coarse vegetable diet, exclusion from air and light exist also in the valleys of the Scotch Highlands only in a less degree of intensity—and the only inference which could be legitimately made would be that *these causes operating moderately produce scrofula, and operating more intensely produce goitre*.

Farther, the diseases might seem to have a common source, since they are subject to common remedies. Not to be more particular, I may mention the use of iodine, which is regarded as almost equally a specific for both,—tonics, cleanliness, nutritious and wholesome diet, and also removal into a more clear and invigorating air. I might also add that while exclusion from light alone has been proven by experiment to produce in dogs "softening of the bones and rickets" (a scrofulous constitution) so here the goitre extends to dogs, goats, sheep, cattle, horses &c.

Abstract of the Reports

of the Sick and Wounded at Buffalo Barracks, from 1st July 1842, to 30th June 1845—3 years—by R. C. Wood, M. D., Surgeon U. S. Army.

Communicated for the Buffalo Medical Journal, by Lieut. E. R. LONG, M. D., U. S. A.

It is due to the contributor of the following article, to state that it was submitted for the Journal in a tabular form, prepared with much care and labor. It was found, however, that it could not be presented to our readers in this form without being extended over several pages, which would impair its appearance, and render it inconvenient for easy reference. We have deemed it best, therefore, to give the facts a different arrangement, in order to render them more readily accessible, and for the sake of greater condensation. Our thanks are due to our esteemed friend and correspondent for his valuable communication. We hope to hear from him frequently. The classification of diseases followed in this abstract is that prescribed by the regulations of the Medical Department of the United States Army.—EDITOR.

FEVERS.

Continued.—1842, in August, 1 case. 1844, March, 2 cases. April, 1 case. November, 1 case. Total for the three years, 5 cases.

Intermittent.—1842, July, 47 cases. August, 25 cases. September, 13 cases. October, 10 cases. November, 11 cases. December, 12 cases.—1843, January, 6 cases. February, 4 cases. March, 3 cases. April, 1 case. May, 4 cases. June, 1 case. July, 2 cases. August, 1 case. September, 1 case. October, 4 cases. November, 1 case. December, 1 case. 1844, May, 1 case. June, 5 cases. September, 4 cases. November, 6 cases. December, 1 case. Total number of cases, 168.

Remittent or Bilious.—Two cases only enter into the report, which occurred September, 1844.

Ephemeral.—Under this head 6 cases are reported, all of which occurred in October, 1843.

ERUPTIVE FEVERS.

Erysipelas—In June, 1843, 2 cases.

Rubeola.—In February, 1844, 1 case. In May, 1845, 6 cases. In June, 1 case. Total number, 8.

Scarlatina.—In April, 1845, 1 case.

DISEASES OF THE ORGANS CONNECTED WITH DIGESTION.

Cholera.—1843, April, 1 case. May, 1 case. July, 2 cases. August, 1 case. November, 1 case. 1844, October, 1 case. November, 1 case. Total number, 8.

Colica.—1842, September, 1 case. 1844, January, 1 case. June, 1 case. 1845, June, 2 cases. Total number, 5.

Diarrhœa.—1842, July, 27 cases. August, 19 cases. September, 13 cases. October, 2 cases. November, 2 cases. December, 5 cases. 1845, January, 3 cases. March, 3 cases. April, 2 cases. May, 3 cases. June, 2 cases. July, 16 cases. August, 18 cases. September, 4 cases. December, 3 cases. 1844, January, 1 case. February, 1 case. March, 2 cases. June, 3 cases. July, 24 cases. August, 13 cases. September, 11 cases. October, 2 cases. November, 2 cases. December, 1 case. 1845, January, 2 cases. February, 1 case. March, 2 cases. April, 2 cases. May, 6 cases. June, 6 cases. Total number, 201.

Dysenteria Acuta.—1844, June, 1 case. 1845, January, 1 case.—Total number, 2.

Dysenteria Chronica.—1842, November, 1 case. December, 1 case. 1844, June, 1 case. November, 1 case. Total number, 4.

Gastritis.—1843, August, 1 case. September, 1 case. Total number, 2.

Hepatitis Chronica.—1844, June, 1 case. August, 1 case. Total number, 2.

Icterus.—1843, December, 1 case. 1844, June, 1 case. August, 1 case. Total number, 3.

Obstipatio.—1842, July, 9 cases. September, 1 case. November, 1 case. December, 2 cases. 1843, January, 1 case. February, 1 case.—April, 1 case. June, 1 case. July, 1 case. August, 1 case. September, 1 case. 1844, August, 1 case. September, 1 case. November, 1 case.—April, 1 case. 1845, May, 2 cases. June, 1 case. Total number, 27.

Cynanche Parotidea.—1844, February, 1 case. March, 5 cases. July 1 case. August, 1 case. Total number, 8.

Tonsillitis.—1842, November, 1 case. December, 3 cases. 1844, May, 1 case. 1845, January, 1 case. Total number, 6.

RESPIRATORY SYSTEM.

Bronchitis.—In March, 1843, 1 case.

Catarrhus.—1842, July, 54 cases. August, 35 cases. September, 12 cases. October, 23 cases. November, 32 cases. December, 21 cases. 1843, January, 16 cases. February, 30 cases. March, 34 cases. April, 27 cases. May, 51 cases. June, 92 cases. July, 16 cases. August, 6 cases. September, 9 cases. October, 17 cases. November, 10 cases. December, 8 cases. 1844, January, 10 cases. February, 20 cases. March, 15 cases. April, 14 cases. May, 11 cases. June, 6 cases. July, 6 cases. August, 19 cases. September, 5 cases. October, 11 cases. November, 2 cases. December, 9 cases. 1845, January, 10 cases. February, 15 cases. March, 25 cases. April, 18 cases. May, 16 cases. June, 12 cases. Total number, 726.

Hæmoptysis.—1842, July, 1 case. 1844, March, 1 case. Total number, 2.

Pthisis Pulmonalis.—1842, December, 1 case. 1844, January, 1 case. Total number, 2.

Pleuritis.—1842, August, 4 cases. December, 1 case. 1843, March, 2 cases. April, 2 cases. May, 2 cases. September, 1 case. October, 1 case. 1844, January, 3 cases. February, 1 case. September, 1 case. October, 2 cases. November, 1 case. 1845, March, 2 cases. April, 4 cases. May, 1 case. June, 1 case. Total number, 29.

Pneumonitis.—1843, July, 1 case. September, 2 cases. December, 2 cases. 1844, January, 8 cases. 1845, February, 1 case. March, 1 case. April, 2 cases. May, 1 case. Total number, 18.

BRAIN AND NERVOUS SYSTEM.

Apoplexia.—1843, June, 1 case. July, 2 cases. Total number, 3.

Cephalalgia.—1842, August, 1 case. September, 1 case. November, 1 case. 1843, May, 2 cases. 1844, April, 1 case. May, 1 case. June, 1 case. 1845, March, 2 cases. May, 1 case. June, 1 case. Total number, 13.

Delirium Tremens.—1842, August, 2 cases. October, 2 cases. November, 2 cases. December, 4 cases. 1843, January, 2 cases. February, 2 cases. March, 3 cases. August, 1 case. 1844, March, 1 case. April, 1 case. Total number, 20.

Epilepsia.—1842, October, 1 case. December, 1 case. 1843, January, 2 cases. February, 1 case. May, 1 case. June, 4 cases. July, 2 cases. August, 1 case. September, 1 case. December, 1 case. 1845, November, 2 cases. Total number, 17 cases.

Paralysis.—1844, February 1 case.

* The nosological distinction between catarrh and bronchitis is not readily defined: Writers and practitioners differ very much as respects the relative application of the two terms. It is probable that a large proportion of the cases included in these reports under the head of catarrh, would more commonly, and, perhaps, more appropriately be called cases of bronchitis.—EDITOR.

URINARY AND GENITAL ORGANS.

As we can perceive no object to be answered in stating the months respectively in which the cases included in this division transpired, we give simply the total number for the whole period. EDITOR.

Gonorrhœa.—Number of cases, 73.

Ischuria et Dysuria.—Number of cases, 23.

Orchitis.—Number of cases, 18.

Syphilis prim et secund.—Number of cases, 56.

FIBROUS AND MUSCULAR TISSUES.

Rheumatism acut.—1844, August, 1 case. November, 1 case. 1845, April, 1 case. Total number, 3.

Rheumatism chron.—1842, July, 7 cases. August, 2 cases. September, 5 cases. October, 4 cases. November, 9 cases. December, 2 cases. 1843, January, 3 cases. February, 5 cases. April, 2 cases. May, 3 cases. August, 1 case. September, 2 cases. October, 3 cases. November, 2 cases. December, 1 case. 1844, January, 2 cases. June 3 cases. July, 3 cases. August, 2 cases. September, 5 cases. October, 2 cases. December, 1 case. 1845, February, 1 case. March, 1 case. May, 1 case. Total number, 72.

As neuralgic affections have not a place in the table from which these cases are enumerated, we infer that the nosological classification prescribed to the medical officers of the array, does not include them under this head. We cannot speak definitely on this point, and have no means of obtaining, at once, information respecting it. If it be so, there is occasion to suppose that cases of neuralgia are embraced among those entitled Chronic Rheumatism. Neuralgia is an affection quite common in this locality; and the great number of the cases of chronic rheumatism in these reports, compared with those of the acute form of the disease, will, we think, surprise our readers, unless we adopt this explanation.—EDITOR.

ABSCESSSES AND ULCERS.

We give only the sum total of cases included in the remaining divisions.—EDITOR.

Phlegmon et abscess.—Total number, 4.

Ulcers.—Total number, 149.

WOUNDS AND INJURIES.

Am bustio.—Total number, 7.

Contusio.—Total number, 8.

Luxatio.—Total number, 3.

Vulnus incis.—Total number, 58.

V. Punct.—Total number, 7.

V. Sclopesticum.—Total number, 1.

ALL OTHER DISEASES.

Amaurosis.—Number of cases, 1.

Debilitas.—Number of cases, 5.

Ebrietas.—Number of cases, 47.

Hæmorrhoids.—Number of cases, 11.

Hernia.—Number of cases, 10.

Odontalgia.—Number of cases, 14.

Ophthalmia.—Number of cases, 62.

Otitis.—Number of cases, 8.

Prolapsus Ani.—Number of cases, 2.

Epistaxis.—Number of cases, 2.

Pernio.—Number of cases, 5.

Morbi Varii.—[Under this head are classed all diseases having no specific characters.—Ed.] Number of cases, 89.

NUMBER OF DEATHS.

Number of deaths during the whole period, 5.

NUMBER OF CASES.

Whole number of cases during the period, 2103.

TOTAL NUMBER OF OFFICERS AND MEN.

The number of officers and men for the months, respectively, of the period embraced in the reports is as follows: 1842, July, 314. August, 296. September, 284. October, 270. November, 264. December, 260. 1843, January, 260. February, 255. March, 250. April, 232. May, 220. June, 222. July, 232. August, 229. September, 224. October, 221. November, 231. December, 230. 1844, January, 231. February, 229. March, 228. April, 226. May, 228. June, 230. July, 230. August, 226. September, 231. October, 231. November, 229. December, 229. 1845, January, 229. February, 225. March, 229. April, 231. May, 231. June, 229.

REMARKS.—It will be observed that the period of time embraced in the foregoing abstract is 3 years: the number of men in the command varying from 314 to 220, (12 com. officers, the remainder enlisted men,)—mostly adults, between the ages of 20 and 30 years; a few boys between 10 and 20 years of age.

These troops had been serving in the Florida war immediately previous to their arrival at this place, (about the last of June 1842.) different lengths of time, from one to five years. This will account for the high proportion of intermittents noted in the 3d and 4th quarters of 1842.

In the course of the 3 years some changes were made by discharges and enlistments; yet, as the number present in each month is stated, we have sufficient data to determine the ratio that the number of diseases bears to the number of men; and by making due allowance for the abiding effects of malarial, and of the exposure and wasting fatigue of field service in a hot, southern climate, we may, by a careful consideration of the foregoing abstract, form some estimate of the prevalent diseases incident to the several seasons of the year in this region of country. It will be noticed that (as would be anticipated) immediately after the change of climate, the number of intermittents rapidly decreased—there being 48 cases in July, 1842, 6 in January, 1843, and but 1 in April, 1843.—The predominance of Diarrhœa in the months of July, August and September, is constantly the same in each of the 3 years.

Diseases of the respiratory system seem to take precedence over all others even in the warm seasons—mark the great number of Catarrhs. Pleuritis appears to be a more common acute affection than Pneumonitis.

Rheumatism and Ophthalmia must be numbered among the most common complaints of this country. The small number of deaths—5 in 3 years, with an average number of 250 men—speaks well both of the climate, and of the care and skill of the attending Surgeon. These obser-

variations are made on taking a cursory glance of the substratum; others will readily suggest themselves to the enlightened Physician.

DR. FLINT.

Yours truly,

E. R. LONG.

Buffalo, N. Y., July, 1845.

We will only add to the preceding remarks, that the diminution in the number of cases of Delirium Tremens after the first quarter of the year 1843, may excite notice, and require some explanation. The fact is doubtless due to the influence of temperance principles which about this period became very generally diffused among the troops, and were, for the most part, inculcated, both by precept and example, by the officers. The same explanation, will, probably, apply to the affection next enumerated, viz: Epilepsy; which, it will be observed, diminishes in the frequency of its occurrence in the same proportion.—EDITOR.

Letter from Accoucheur, No. 2.

Communicated for the Buffalo Medical Journal.

Educated obstetricians of this time know little of what was the practice in that department forty years ago, or what it is now in many parts of the country. To be known it must have been seen, for one will seek in vain for any historical records. Forty years ago, our knowledge of anatomy was very imperfect, of physiology even more so. We had no schools, and but few books; and many a man assumed the responsibilities of a Physician, and entered on the practice of Physic, Surgery and Midwifery, with no other knowledge of either, than what he had derived from the oral communications of some older country physician. The modicum of reward, too, for professional services was altogether inadequate to provide the means of subsistence; and the Doctor, of necessity, was a practical farmer, a mechanic, or a tradesman of some sort, to enable him to live. No wonder, then, that the practice of physic was mostly empirical.

The first object of a country physician when he "set up," was to secure the obstetrical practice "in his ride," as this was the key to all other medical employment and preferment; and if he was shrewd enough to ingratiate himself with a few, clever, female gossips, the "way was his own." The practice was desirable, too, on other accounts. The fees, paltry as they were, for these services were generally promptly paid; and the doctor could calculate with great certainty on the amount of his income from this business annually, and thus be enabled to adapt his expenditures.—In a country town of 800, or 1000 inhabitants, the births would average perhaps 25, annually. Forty years ago, the fee for attendance in parturition (if promptly paid) was one dollar and a half; if on credit, it was two dollars. With the times the fees have risen from two to five dollars.

In a sparse and scattered population, the physician could not, without great inconvenience, leave the patient after being called to attend a case of parturition, until it terminated. This, and other considerations, prompted him to expedite the business, if possible. He knew that labor would follow the discharge of the waters; so, without regarding the con-

dition of the parts, as soon as it could be effected, he ruptured the membranes, "broke the waters," and then encouraged the patient to exert herself on the recurrence of her pains—to "bear down and help herself." Before this, however, the patient was "seated," or "placed" in such posture or position as was thought to be most appropriate to conduct the labor; there to remain for hours, and it has been even for days, until it terminated; and no entreaty on the part of the patient for a change of posture availed, inasmuch as that in moving, as she was told, "all would go back again."

Shall I be charged with an exaggerated representation of labor forty years ago? "Mark how plain a tale, &c."—for, without going back forty years, while I am writing this letter, the wife of Mr. H. a worthy farmer of one of the oldest towns in my neighborhood, has sought my advice, and given me the following story: Mrs. H., though rather under-size, was a healthy, well-formed woman, 26 years of age. At full period she was taken in labor with her first, and only child, in 1844. The labor commenced on Sabbath morning; her medical attendant, a graduate of a public institution, was immediately called; and, with the exception of about two hours of the forenoon of that day, he remained constantly with the patient until its termination on the following Wednesday, at 10 o'clock A. M. Sometime in the afternoon of the Sabbath, Mrs. H. was "placed" on her side, on the edge of the bed, and her physician assured her that "all was right," and that she might confidently hope to "get to bed" in a short time. The night passed, and the succeeding (Monday) day and night, without relief. On Tuesday the Doctor bethought himself to apply the forceps, but did not succeed, "because the head of the child rolled so." On Wednesday morning, at 1 o'clock, another physician was called in consultation, who coincided in opinion with his friend in attendance, "that all was going on well, and nothing but time was wanting to bring the labor to a favorable issue." Both gentlemen now remained in attendance. But snatching a moment of comparative quiet to refresh themselves with breakfast, in their absence the child was expelled by a natural effort, dead. I should have remarked, that ergot was given freely at different times during the labor. Thus, for nearly seventy hours, with the exception that twice the patient was taken from the bed to be steamed "over a pot of herbs," she remained on her side, exerting herself to the very utmost with every pain. In all this time, neither the bladder nor the bowels were evacuated, nor had she the refreshment of a moment's sleep. The only explanation offered for this cruel delay was, that the mother was *small*, and the child *large*. As might be expected, inflammation, suppuration and sloughing ensued; and after months of indescribable suffering, Mrs. H. is left with a fistulous opening of the urethra into the vagina, and a stricture of the rectum, so that alvine evacuations can be procured only by artificial means.

But gross neglect, and unpardonable delays were not the only evils of country practice, forty years ago—nor are they now. We had then, as we have now, more to dread and deprecate from "hot haste"—from rude, untimely, unfeeling interference. The female who resided at the greatest distance from the accoucheur was comparatively secure from personal injury, for, in a natural labor, if the child was not expelled before the arrival of the Doctor, dilatation would generally have so far advanced as to

secure her from the effects of injudicious interposition. But woe betide the woman, especially the youthful, if the Doctor arrived in the first stage of labor! You would be often shocked in the endeavor to recognize the healthy, blooming country girl, in the pale, wan and sickly mother of an only child, if she should have been so fortunate as to secure that alive.

In 1843 I was called to a poor Irish woman, the mother of several children, who had been in labor two days with an arm presentation. Her pains were frequent and forcible. After making all prudent efforts, as I thought, to effect the delivery, without success, it was decided to leave the patient in the care of one attendant until morning,—it being late in the evening—when we would be prepared to adopt such measures as the case might then seem to require. Early on the following morning, I was shocked to find the patient in articulo mortis, and she in fact survived but a few moments after my arrival. The physician who had been in attendance through the night, on particular inquiry, confessed to me that yielding to the intreaties of the poor woman for relief, he resolved to effect the delivery at all hazard. Accordingly he wrenched off the presenting arm, and forcibly introduced his hand to search for a foot. In the act, the child suddenly escaped from his grasp, and the woman fainted.—She languished about two hours and died. Having permission, we opened the abdomen, and found the child, (minus an arm,) and the placenta, both in the left side among the intestines, having escaped through a rent in the uterus extending from its fundus to the cervix. The rent was on the left side of the uterus, and the operator used his right hand in his attempt to effect the delivery.

The question may be asked—and it is pertinent—what benefit can result from the published recital of these cases—*cui bono*? I have carefully avoided all personal allusions in the selection of these cases, from an unwillingness to give pain or offence, and the object is, that the history of these and similar instances may prove timely admonitions to young and inexperienced accoucheurs.

October, 1845.

The Pathology of Fever—Reconciliation of the Nervous and Humoral Theories.

By the Editor.

Pathologists are divided as respects the pathology of Fever by two doctrines. The one doctrine regards the febrile state as involving, primarily and essentially, the nervous system. The other doctrine attributes the original and essential morbid condition to a perversion of the fluids. May it not be, that here, as in some other instances, these apparently opposing doctrines are capable of being reconciled, so that the claims of either will be satisfied?

It would be fruitless to inquire into the nature of the changes which constitute the proximate cause of Fever. In the present state of our knowledge this subject is involved in entire obscurity. They who advocate the nervous, and they who contend for the humoral doctrine, generally, alike forbear the attempt to designate the intimate morbid perva-

sions, or modifications, in which the essential nature of the disease is supposed to consist. They only respectively insist, on the one side, that the disease is to be regarded as radically, or primarily involving the nervous system, and, on the other side, the fluids. Now may it not be true that both these are invariably concerned in producing the febrile state, and that either may take precedence in the catenation of changes?

For example, fever ensues from animal poison, as in jail or camp (Typhus) fever, or from the imbibition of marsh miasmata, as in remittents and intermittents, preceded by a period of latency or incubation. In these instances it seems most rational to think that the fluids are *first* affected.—But nervous disorder always characterizes the commencement of the febrile state. That is, the perversion of fluids manifests itself, first, by certain modifications of the nervous system—the latter, however, succeeding to the former. But although the former has precedence, the latter is necessarily involved in the production and continuance of the febrile career. The nervous disorder holds an invariable position of intervention between the primary action of the morbid cause on the fluids, and the phenomena which characterize the febrile movement. Chills and rigors, general malaise, cephalalgia, lassitude, pain in the loins and extremities, nausea, &c., are all due directly to the nervous system. It is also highly probable that the interruption and perversion of the secretions, with the various disorders due to the arrest of these, and of the exhalations, as, also, the molecular changes of nutrition, disturbance of colorification, &c., are, in like manner, attributable to the nervous system, although the disorder of the latter has been induced by an ulterior influence exerted on the fluids by the primary, direct action of the remote cause.—Does not this view appear to reconcile the two doctrines in the explanation of the phenomena of fever, as regards their sources and order of catenation?

So far, however, we have considered the first link in the chain as existing in the fluids. But are all fevers of this humoral origin? If this question can be answered negatively, it will render the reconciliation of the two doctrines more complete. We have said that in the instances of fevers from animal poison or malaria, it seems most rational to think that the fluids are primarily affected, although the characteristic phenomena of the febrile state, may, perhaps, be attributed to the nervous system, which becomes, as may be supposed, secondarily affected. Now the inquiry arises: is it not probable that the same modification of the nervous system may ensue from the operation of causes which exert an immediate effect upon this system, not involving a preceding change in the fluids? It is by no means difficult to conceive of the affirmative of this inquiry being true. In this way powerful impressions made directly on the nervous system through the mind, through the senses, and by means of impressions not developed to the perceptions of the individual, nor appreciable in their character and agency, we can readily believe, may create fever, by inducing a morbid condition of this system, which occasions that temporary derangement of the whole economy characteristic of the febrile career. At the same time, unbiased reflection on the subject, will, probably, lead to the conviction that most fevers, and especially epidemic, endemic, and contagious fevers, involve, as the first change, perversion of the fluids.

The foregoing views appear to the mind of the writer best to comport with the present state of our knowledge respecting the general pathology of Fever. They are submitted for the consideration of those who have a fondness for speculative reflections of this sort. They have, at least, the advantage of in some measure harmonizing doctrines, which, when exclusively maintained, are separated by a wide space from each other. While we are free to admit that the aphorism, in *mediis tutissimus ibis*, possesses no intrinsic virtue, either as an argument, or as a rule of conduct for the understanding in its progress after truth, it must also be admitted, that with the present relations of medical opinions, the safest policy both for the theorist and the practitioner, is that of a rational eclecticism.

October, 1845.

Plastic Operations. *Continued from page 66.*

By F. H. HAMILTON, M. D.

PTOSIS AND ENTROPEON.

Mr. T. of Tyre, N. Y., aged 70. Has been afflicted many years with a Ptoſis and Entropeon of both eyes. The Ptoſis is evidently the result of partial paralysis of the levator palpebræ superioris, and the lids cannot be separated beyond the sixth of an inch. The Entropeon produces a constant ophthalmia.

1st operation—Jan. 10, 1845—Removed a portion of the integument from the upper lid of left eye of an elliptical shape, one inch in length by three quarters of an inch in breadth, longest diameter parallel with the tarsal cartilages; closed the wound with four fine sutures.

2d operation—Jan. 15—Made the same operation on the opposite eye.

Both wounds united by adhesion and the eyelids are now sufficiently open and the entropeon with its consequences, has ceased.

I have seen to-day a girl upon whom I operated before the Medical class at Geneva, in the winter of 1844. The Ptoſis affected only one eye and half concealed the cornea. No defect can now be seen in the lid.—I believe I am in the habit of removing more integument in these operations than most operators. If failures occur, it is generally because too little has been removed.

LABIUM LEPORINUM.

E. Stafford, of Manchester, two years old—has a single cleft. Alveolar processes cleft also.

Operation Jan. 14th, 1845—1st, pared away the edges of the chasm and loosened up the adhesions from the gums &c. 2d, introduced three strong *interrupted* sutures, (harness makers silk) transfixing the *whole thickness* of the lip, at quite 3 lines from the margin of the wound; these I drew snug. 3d, applied 2 straps of adhesive plaster, broad upon the whole surface of the cheeks and forming two narrow tails which were made to interlace upon each other over the lip, and drawn together so firmly that the sutures were entirely relieved. 4th, laid a compress upon each cheek and over this a long roller to keep the straps firm in their places.

I have long since ceased the use of Hare-lip pins in these operations, and have reason to be greatly pleased with the change.

The advantages of this mode are that penetrating the whole thickness of the lip, the surfaces are held in more perfect coaptation,—most, if not all who use the hare-lip pin recommend that it shall penetrate two thirds only of the lip. There are no points of steel projecting and liable to be disturbed by a thousand accidents. Adhesive plasters can be used, and if employed as I have directed, they may be made to bear all the strain and thus avoid entirely the danger of the sutures tearing out; and especially do they guard against this at the time of the renewal of the dressings or the removal of the sutures, at which time, however violently the child may cry, (and cry he will) the edges are kept from separating by always having at least one leg of the adhesive straps, firm in its place.

The result has justified the practice in this case, as in every case in which I have adopted the above course. Of five operations made by me since 1839, not one has failed.

PHYMOSIS AND STRICTURE.

Mr. ——— of Otisco, aged 30—Deaf and dumb. When a lad he received an injury from a kick upon his penis which produced at the time a violent inflammation. Since then a difficulty in passing his urine has always existed—within the last 3 or 4 months he can only pass a drop at a time. The prepuce is adherent over the whole extent of the glans, except about one quarter of an inch at the extremity.

Operation Jan. 11th, 1845—Dissected back the prepuce beyond the corona; attempted to introduce a fine silver lacrymal probe into the meatus, but it would not pass beyond half an inch; introduced a straight bistoury in the direction of the channel, one inch, when the point entered a large sinus, from which the urine escaped in a gush and with great force; whole of the glans completely cartilaginous; introduced a short, silver catheter, with a flat shoulder, and secured with tapes. No stricture beyond the first inch.

Wound healed kindly and patient is well.

PHYMOSIS.

Medical student, aged 28—Has a congenital phymosis—not adherent. Cannot expose the glans.

Operation Feb. 1845—in presence of C. Hammond, medical student of Rochester. 1st, introduced three silk threads through the prepuce, transfixing it from side to side, behind the point at which the excision was to be made. 2d, drew forward the prepuce and excised one inch with scissors, then made an incision parallel to, and by the side of the fraenum, half an inch in length to enable the prepuce to retract more perfectly. 3d, cut the middle of each of the three threads where they crossed each other over the extremity of the glans, making six sutures, which were immediately tied and cut. 4th, simple dressing.

The peculiarity of this operation consists in introducing the sutures before the excision is made, and thus preventing that retraction of the outer integument which often renders it exceedingly difficult to pass the suture. I am indebted for the suggestion to M. Ricord.

This patient had a considerable hæmorrhage from the wound commencing a few hours after the operation and continuing several hours—arrested finally by applications of snow.

Note.—The operation of Blepharoplasty noticed in my former article as made upon Albert P. Heth, Jan. 8, 1845, and the patient dismissed upon the 18th, I have heard from by letter, dated August 9th. Dr. Heath, who has examined the case at my request, writes, "his eyes appear quite natural, and every thing is much improved; the tarsi do not turn out at all. He is very much pleased with the improvement, and indeed I think he ought to be," &c.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Medical Legislation.—The subject of Medical Legislation has occupied not an inconsiderable degree of attention both in and out of the Profession, in this country and abroad, for several years past. It is a subject which must necessarily continue to occupy attention, until the profession and the public unite in some plan, which will, in the opinion of either, best secure the interests of both. It is not probable that this desirable object will be very soon effected. Should a National Convention assemble agreeably to the recommendation of the New York State Medical Society, this will doubtless constitute a prominent topic for the deliberations of that body. It is highly important that members of the profession give to this subject a degree of reflection proportional to its merits, so that they may be qualified to form opinions, and to decide for themselves as to the propriety or practicability of the policy which may be submitted for their approval. We purpose to give, briefly, some of our own views, hoping, at least, that they may serve to suggest in the minds of our readers trains of thought which may lead to satisfactory conclusions.

If the question with the profession were simply this—viz: what is legislation capable of doing for medicine and the medical profession; we should perhaps be disposed to say it could do every thing that is to be desired. We do not profess to have formed an unchangeable opinion on the subject, but we incline to the belief, that if legislation were disposed to exert all its potency, in good faith, in behalf of the best interests of the profession and the public, medicine would thereby derive an impulse which would place it in a position adequate to its full capacities for honor and usefulness. If this question were at all pertinent to the present condition of things, we might stop to consider what course legislation ought to pursue to fulfil to the utmost such a disposition as we have just supposed.

But this is not a question at present before the profession. There is not the shadow of a probability that legislation will place itself in this attitude toward us. The questions which really are for us to consider, are these: What is to be expected from legislation in the existing state of things; and will it be advisable to avail ourselves of what legislation consents to vouchsafe to us? These are questions of a different import, and we are certainly not prepared unhesitatingly to answer the latter in the affirmative.

It is easy for a medical man who has given any reflection to the subject, to perceive what are the requisites on the part of legislation in order for it to discharge its whole duty to the profession and the public. Medical education should be amply provided for; posts of honor and responsibility impartially filled, and rendered accessible to merit alone; the just

rights of the profession protected; the qualifications for fellowship raised sufficiently high, and steadily maintained; quackery in every form and shape prohibited by severe penalties—it is needless to multiply similar conditions. Is there the least ground for the expectation that a moiety of these requisites will be advocated or recognized in the halls of legislation? We do not suppose that any member of the profession can be found, whose ardour of enthusiasm is sufficient to lead him to entertain for a moment, any such expectations.

What, then, may be reasonably anticipated, and sought for at the hands of legislation? We cannot reply to this inquiry in detail, but we are free to say, that, in our view, nothing is to be expected from this source which will tend to elevate the profession, and render it either more desirable to its members, or more useful to the public. We incline to the opinion that its present connection with legislation is detrimental both to its members and the public, and that the interests of both would be promoted by an entire disseverance, and an independent organization. Legislation, in our country, is the exponent of public sentiment; and to form an opinion concerning what may be expected from the former, we have only to consider the latter. Even if this connection between them did not exist, it would be utterly impossible to carry out legislative enactments in behalf of our profession so as to render them of any avail, unless they were sustained by public sentiment. Now, it is not to be doubted that public opinion is decidedly adverse to affording any protection, or granting any exclusive privileges to the medical profession. Too many, and too active interests are involved in empirical schemes, and too strong popular prejudices have been excited on the subject, to leave any room for hoping that legislation could be influenced to adopt a stringent protective policy. Indeed, should the profession unite in an endeavor to procure the adoption of this policy, a degree of popular opposition would be at once aroused, which would not only counteract any influence which might be brought to bear upon the object, but would tend to depreciate public estimation of our profession even below the degree in which it is at present held. Even if it were possible to succeed in so far as legislation is concerned, it would be in vain to expect that the policy could be effectually carried out in spite of the resistance which would be offered on every side.

We imagine, then, that the whole subject is narrowed down to this inquiry: Does legislation at this moment confer any benefits upon the Profession? We answer negatively. On the contrary, we are disposed to think, as we have already said, that it is the source of evil rather than of good. What does it actually confer? In most of the States of the Union there are now no laws restricting the practice of medicine, or imposing any disabilities or irregular practitioners. In those where restrictive laws do exist, they are almost entirely nugatory, and may be considered, virtually, repealed. All that legislation does, then, any where, in fact, to establish a distinction between regular and irregular practitioners, is to incorporate Medical Colleges, and thus regulate the distribution of medical degrees. Now does the exercise of this function tend to any advantage? We say it does not, but, on the other hand, that the medical profession would be better without, than with it. We have not space to discuss this question as its merits require, but we suggest it for the consideration of our readers. Our own reflections lead us to believe that if medical

schools possessed no legal qualifications whatever to confer degrees—in fact, if legal provisions for diplomas were entirely abandoned, it would be much better for the profession and the public. Our reasons, very briefly, are these: A diploma really has no intrinsic virtue; it is no criterion of medical acquirement or capacity. We deem this sufficiently evident.—The public to some extent, however, think otherwise. In so far as they entertain such notions, we are accessory to an imposition upon their credulity. This is one reason. Another is, we are obliged to recognize, endorse and associate, as matters of course, with any one who has a diploma, although we may be satisfied that his connection with the profession is contributing to bring it into contempt. A third is, that in proportion to the efficacy which a diploma, as such, has with the public, the object of some schools will be, not to afford sound instruction, but to fulfil the student's purpose, viz: to get his degree, for a pecuniary consideration.—Take away the factitious inducement, which, in this respect, Colleges are now able to hold out to pupils whose only desire is to become regularly qualified to practice medicine, and the result would be that they would be compelled to rely upon their real advantages in order to attain to success.

In conclusion, agreeably to the general views which we have expressed in the foregoing remarks, we advocate, at the present time, an entire reliance on a judicious organization, to be wholly independent of all legislation. Let the profession assume the entire responsibility of providing for its character, its elevation, its usefulness and its interests. With regard to the means by which it may hope to secure these objects, we will speak in a future number. We will only say here that we believe self-reliance, with a general and hearty cooperation among its members, will accomplish for it, much, if not most of that improvement which is to be desired. At all events, to this source alone can we look for advancement under existing circumstances. Whether this divorce from legislation will be mutually desired as a permanent arrangement, remains to be seen.—We are by no means positive that a reunion may not at some future period be desirable; but we are clearly of opinion, that with the present relations and sentiments existing between the profession and the public, it is not to be advocated. If in the progress of events it should appear to the public, as well as to the profession, that their mutual interests would be promoted by legislative protection, it may be adopted with a far better prospect of its being satisfactory to both.

Dictionary of practical Medicine, comprising general Pathology, the nature and treatment of diseases, &c.—by James Copland, M. D.—Edited with additions by C. A. Lee, M. D.

We are fortunate in living in an epoch of Cyclopædias and Medical Dictionaries! This remark may at first seem to possess little significance, yet upon reflection it will be found to contain an important and forcible truth. All who are qualified to judge of the matter by observation or experience, must be aware of the many, great and peculiar difficulties in the way of uniting with the active duties of our profession, those facilities, and habits of study which are necessary to constitute a well informed and truly scientific practitioner. Prominent among these difficulties are the great extent and variety of the subjects involved, together with the nature of medical duties, which occur without forewarning, are immediate

in their requisitions, and defy all systematic arrangement. To these we are obliged to add the *res angusta*, which constitute the rule, rather than the exception with the profession of this country. Few members of the profession are able to accumulate libraries, or to supply themselves with the majority of the medical works which are issued from the press. This may be a mortifying acknowledgment, but there is, in reality, less reason for humiliation than if it were the *will*, rather than *poverty* which refuses consent. Who can blame the decision, which, when families are to be cared for, or debts to be paid, sacrifices, it may be with a heavy heart, aspirations for improvement, because, if the latter be indulged, the former objects are unattainable! We might follow this train of reflection, but it is here merely incidental. The fact is alone important to our present purpose.

Under existing circumstances it is obvious, that works which bring together in a compact and accessible form the latest and best information on all the various subjects which medicine embraces, and which may be procured at a small expense, are calculated to remedy in a great degree some of the difficulties which have just been alluded to, and to fulfil a great desideratum for the medical practitioner. Two such works have within a few years been published in England. The Cyclopædia of practical medicine which was noticed in our first number, and the work, the title of which is prefixed to this article. The latter is now in progress of publication in this country by the well known and enterprising publishing house of the Harpers' of New York. Possessing these works, the physician is able whenever any subject presents itself to his reflections, or is suggested by facts falling under his observation, to refer at once to them for a digest of all the information which our recent medical literature contains. And if he avail himself faithfully of this advantage, with these works alone he may acquire a vast amount of useful knowledge, and, in fact, become a learned and accomplished practitioner.

This plan of a multum in parvo, is precisely what is required by the practical members of our profession, and will do very much toward diffusing medical knowledge, and enhancing medical acquirement. If we may be allowed a comparison which the non-medical reader would say savored of the shop, these works bear to the general bibliography of the profession, somewhat the same relation as the medicinal extracts to the plants from which they are derived, containing all the essential principles wished for, in a concentrated, portable form, very convenient for practical use.

When it is considered that it can only happen after intervals of many years that works of this kind will be projected and executed by competent individuals; that in a short time those which now represent the condition of our science will be chiefly valuable as records of the errors and imperfections of the past—such is the rapid progress of knowledge—we have every reason to congratulate ourselves that their publication is contemporaneous with ourselves. We repeat the remark, therefore, with which we commenced, that 'we are fortunate in living in an epoch of Cyclopædias and Medical Dictionaries!'

The Dictionary of Copland is nearly, if not quite as comprehensive in its plan, as the Cyclopædia. It is justly styled by the London Gazette a miracle of industry, and we are happy to learn from a late number of the

Medico-chirurgical that the author, notwithstanding his almost incredible literary labors, is becoming daily more robust in his physical health!—This is adduced in the journal referred to, as evidence that intellectual labors do not necessarily injure the energies of the body.

We are not prepared to make any critical comparison of the two works. Each doubtless has its advantages, and it is desirable that both should be in the hands of the practical physician. Dr. Copland's work comprises a copious bibliography, which was omitted (rather injudiciously we think) in the American edition of the Cyclopædia. Dr. Lee, the American Editor of the Dictionary, has earned the confidence of the profession, and will doubtless enhance the value of the work for the American reader.—We are gratified to learn from a late number of the New York Journal that the success thus far is satisfactory to the publishers. We would, in conclusion, hint to our brethren that a work which appears in successive numbers is purchased by monthly instalments without annoyance, when the aggregate amount disbursed at once, might, perhaps, be somewhat inconvenient. We hope none of our sensitive friends will take offence at this suggestion. We are free to say, *haud inexpertus loquor*.

Medical Fees—No. 2.—The importance of this topic grows upon us with farther reflection. By a singular coincidence, on perusing the Boston Journal, received on the day on which our last was issued, we found an editorial article on the subject, embodying several of the same ideas which we had simultaneously presented; and in a later number we observe a communication from a correspondent who signs himself *Senex*, giving some wholesome advice to the younger portion of the profession. The truth is, the medical profession would be elevated, and rendered more useful, if a reform could be effected in the system of remuneration. If the mass of its members were better paid for the amount of labor which they perform, and they were relieved of the additional drudgery and anxiety imposed upon them by the present system of interminable credit, the profession would hold a higher position in public estimation, medical services would be better appreciated, and, in fact, possess more value than now belongs to them. The criterion by which most persons judge of the worth of any thing is a certain pecuniary valuation. Medical services can be hardly said to have any such valuation, the rule being to charge a certain amount, and collect such a proportion of the amount charged as may comport with the patient's own estimation of the services, or with his disposition to pay. As is justly remarked by *Senex* in the article referred to in the Boston Journal, the profession itself, is, to a considerable extent, at fault in this matter. Physicians have been too ready to adapt themselves to the derogatory views which a considerable portion of the community entertains on this subject; and, perhaps, to extend their practice, they sometimes contribute directly to promote these views, by depreciating the value of their own services. The latter course is as impolitic as it is dishonorable, since, in the end, it is sure to recoil upon those who adopt it.

The reformation required, is, simply, this: let it be understood with the profession, and the public, that medical services have a certain specific value, and that a physician's demand is entitled to settlement so soon as the service is rendered. Let it be considered an invariable duty on the part of the patient to call upon the physician directly he ceases his atten-

dance, and either liquidate the debt which has accrued, or arrange for its payment. In all cases where advice is given, or a single visit made, the fee should be paid at the time. It is not, of course, to be expected that all patients, at all times, will be in a situation to discharge medical dues with this promptness; and it will follow, also, as a matter of course, that the amount charged will have to be varied in certain cases to meet the different circumstances of different individuals. But let the principle be established that the physician expects his remuneration immediately, and, if it be not convenient to conform to this principle, it belongs to the patient to make the advances, and without delay, toward a mutual understanding and settlement according to circumstances.

Will the public oppose such a reformation? They will not who feel a proper sense of gratitude for the attentions which they have received, and are willing to reward these attentions according to their ability. They, alone, who experience no such sentiments, and have no disposition to pay if they can avoid it, will find fault with an alteration such as is proposed. The feelings and views of this class of persons are of little account in the consideration of the subject. It is precisely this class of persons that we wish to reach by a reform, and we cannot expect to compass them with their own consent. But we can reach them, *nolens volens*, by adopting the no-credit system, and uniting in refusing our services to them on any other terms. There is no reason to anticipate any opposition to the change from those whose cooperation and respect are in any way desirable. All that we have to do, then, is to arrange the matter among ourselves, publish our intentions, and hold each other to a strict performance of our mutual engagements. This can readily be done through the associations already existing. We deem the subject sufficiently important in itself and its relations, to come before the contemplated National Convention. We should be glad to have this Convention take it into consideration, recommend suitable measures, and then, through the various local associations, the reform could be made universal and effectual.

Homoeopathy.—We believe it has come to be a generally acknowledged principle among medical men that the *laissez faire*, or let-alone policy is the best which they can pursue with reference to medical delusions, from time to time adopted and fostered by public credulity. Any formal or direct opposition is sure to lead to a misconstruction of motives. It is attributed to jealousy or self-interest, and the error or folly which we would unmask, derives confirmation and encouragement from our efforts to open the eyes of the community to the impositions practiced upon them. On this account we would forbear, both in our public and private intercourse with community, to attack any of the various schemes of Empiricism. All that we could desire to do is to define our position with regard to them. Farther than this any exertions are useless, since a palpable *reductio ad absurdum* would avail nothing in opposition to blind prejudice or conceited dogmatism.

Our brethren in other places may have some curiosity to know how the latest and most fashionable humbug, the title of which we have placed at the head of this article, thrives in this community. It was not to be expected that a town of this size would escape the visitation of this epidemic, which, like the Cholera, passes successively from one locality to

another, following the course of navigable streams, rail roads and canals, dwelling for a season in all prominent thoroughfares. Its commencement in our city may be dated about eighteen months since. So far as the medical fraternity is concerned, the views which we have just expressed, have, we believe, been strictly followed. It has been allowed to have full scope to develop whatever results it could legitimately produce. For ourselves, when we have said aught on the subject, it has been to encourage trial of it by those already disposed to do so, rather than to endeavor to remove prepossessions in its favor. In so doing, we have had full confidence that by the absence of all restraint, as Shakespeare says of love sickness, "the appetite would sicken, and so die." We believe that its course has already advanced to the *sicken*ing stage, and that its final demise is not far distant.

Homœopathy, however, will doubtless be neglected only to be succeeded by some other contrivance to satisfy the inexhaustible appetency for the marvellous and ridiculous. Hydropathy appears now most likely to follow in its footsteps; and after this ephemeral absurdity has had its day, others will spring up to suit the progressive taste of that portion of society who will never be satisfied with plain, substantial, every-day wisdom.

While human nature remains unchanged, and until medicine becomes a demonstrative science, it is to be expected that such delusions will prevail to a greater or less extent. As medical men we may do much indirectly toward limiting their diffusion, by enlightening society on the subject of Physiology, by illustrating the true position of medical science, and the conditions of its successful prosecution. We can, also, do much by elevating the standard of medical acquirements, and by the constant improvement of our profession. Since persons naturally judge of a pursuit by its professors, it is no doubt one reason why many think disparagingly of the medical profession that there are so many embraced within it who are poorly qualified to represent its actual condition. After discharging our duty in these respects, it behooves us to exercise forbearance and charity in view of the fact, that folly, and injustice are inevitably incident to human weakness and frailty.

Medical Journals in New-York.—Medical Journals appear to be multiplying in our metropolis. In our last No. we acknowledged the reception of the first number of the "Intelligencer and Eclectic Gazette," a bi-weekly, devoted to selections from foreign periodicals. We have now to acknowledge the first number of the "New-York Medical and Surgical Reporter," a bi-weekly of 16 pages, at \$2.00 per annum, edited by Clarkson T. Collins, M. D., the object of which is to present reports of medical lectures by Professors Mott, Parker, and other teachers connected with the schools and hospitals of that city. The plan strikes us favorably, and if properly carried out, will, we think, prove acceptable to the profession. It has often been a subject of surprise and regret to us, that more effort is not made to develop our own resources, and to cultivate a national, medical literature. The attention of the profession seems to be almost exclusively directed to foreign sources for supplies of medical information. We do not make this remark from any desire to disparage our obligations to other countries, but we sincerely believe that as a profession we do not do justice to ourselves. We have in our larger cities all the resources which can exist any where; our profession contains the necessary talent, energy and industry to render these and other resources available for scientific investigation. Why, then, should we not indulge and encourage a patriotic pride in rendering our domestic resources of medical knowledge second to none in any country! Why should we not have writers and teachers whose names shall carry as much force and authority as those of distinguished personages in France and Britain! Why shall the idea be sanctioned that these or other countries afford

facilities for acquiring practical knowledge of diseases which the home student cannot enjoy!—But we have wandered from our subject, viz—the Journals of New-York. Before leaving this subject, we beg leave to intimate to our friend, the editor of the New-York Journal of Medicine, that we prize his bi-monthly visitation too highly not to feel greatly disappointed when it fails to greet us; and we are selfish enough to remind him that the last number is not in our list of publications received.

London Medico-Chirurgical Review.—We would refer our readers to the advertisement of this periodical in our advertising sheet. It has been so long and favorably known to the medical public, that it would be supererogation in us to bestow commendations upon it. It possesses one feature which renders it invaluable to those whose circumstances do not enable them to make extensive bibliographical purchases. It contains analytical reviews of all the prominent publications as they appear, presenting their distinguishing characteristics in a condensed form, thereby economising both the time and money of the reader, and being readily available for after reference. A complete set of this periodical for the 20 or 30 years it has been in existence is almost as valuable as a library containing all the current medical literature of the same period.

Miscellaneous Items.—Dr. Jarvis the inventor of the "Surgical Adjuster" is said to have been successful in his efforts to bring his invention into favorable notice in Great Britain. The English will, perhaps, some time be compelled to recognise the supremacy of Yankee ingenuity even in matters of Science.

Dr. Barbour of St. Louis, professor in the Kemper College, in the last No. of the St. Louis Journal, sustains the plan of treating fevers with opium in doses of four or five grains, advocated in a previous No. of that Journal by Dr. Henry, noticed by us in our last number.

Dr. Lawson, Editor of the Western Lancet, now abroad on a foreign tour, is writing a series of very interesting letters for his Journal, which we regret we cannot, for lack of space, transfer to our columns.

The St. Louis Journal expresses itself warmly in favor of a National Convention, and advocates the removal of the power to confer Degrees from Collegiate Institutions, and its concentration in a National Board. The Western Lancet, also urges the importance of the Convention; and, from a quotation in the latter, we perceive that the Medical Examiner does so also.

The new Edifice for the Medical College at Cleveland, is to be in readiness for the course of lectures now at hand. The pictorial representation accompanying the circular recently issued, presents an imposing appearance.

Ferruginous Pill of Mercury.—Prof. McLean, in the Illinois Medical Journal of June, 1845, recommends the following:

Mercury, ℥ i. Confection of Roses, ℥ iss. Sesqui-oxide of Iron, ℥ ss. Liquorice root in powder, ℥ ss.

Mix the Iron and Confection of Roses, then add the Mercury, and rub till the globules disappear; lastly, add the liquorice, and thoroughly incorporate it into the mass.

The object of this combination is to obtain the associated effects of the iron and mercury in cases where both are indicated; and as the former is seldom contra-indicated in such proportion as this combination embraces, it may be employed as a substitute for the Pil. Hydrarg. Prof. McLean states that "by the addition of the iron, the great labor of forming the blue pill is done away with, so that every physician can prepare his own. I have, in 5 or 10 minutes, so reduced the mercury that no globules could be discovered by the aid of a glass magnifying from 10 to 15 times." He also states, "that a much less quantity of iron than is given above, will answer for the speedy and effectual reduction of the mercury."

Another important consideration is given in the article alluded to, viz: "Sulphuric acid is sometimes added to the conserve of roses to improve its color, which, if present, when the mercurial pill is prepared according to the usual method, forms a sub-sulphate of mercury—a compound possessing very energetic properties; but when formed with the oxide of iron, instead of this, a harmless ferruginous salt is produced, and the uniformity of the mercurial compound is not disturbed."

He sums up the advantages which this possesses over the common blue pill as follows: "1st, it is much more easily prepared. 2d, its strength is more uniform. 3d, it is more active and uniform in its operation."

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Notes of an European Tour---No. 7.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

ITALY.

It was past three, when the servant knocked to say that the coach was nearly ready; and remembering that to-day, I was to cross the Alps I sprang upon my feet with all the buoyancy and exhilaration of a boy who wakes to a long anticipated gala-day. The Simplon pass is among the highest of those which traverse the Alps; but as it affords a very direct communication between this part of Switzerland and the north of Italy, it has long been used as a "courier track," though often at the peril of life, being always subject to floods and avalanches, and having been nearly blocked up with fragments of rocks by the earthquake of 1755, which destroyed Lisbon.

The present road, one of the greatest architectural achievements in the world, is, in fact, but a link of the same great road which extends from the walls of Paris, across the Jura mountains, through Geneva, up the valley of the Rhone, and which is terminated at the triumphal gate of Milan; most of which was built under the direction of Napoleon, to enable him the better to accomplish his purpose—the subjugation of Italy. But of all this chain of splendid road, this link is the *chef d'œuvre*, in the construction of which 3000 men were employed nearly six years. Its length from Brieg to Domo d'Ossola is forty miles; its breadth twenty-five to thirty feet: and in addition to the almost continuous line of masonry, which as a foundation and parapet wall protects its lower side, and the numberless subterranean sluiceways, &c., there are ten galleries or tunnels, hewn mostly from the hardest granite; more than fifty bridges, twenty stone buildings stationed at intervals as "post houses," dwellings for the "cantonniers" who keep the road in repair, and places of "refuge" for such as are overtaken by storms.

It was four o'clock when we left Brieg, and the gray twilight was just beginning to appear between the summits of St. Gothard and Finster-Aar-Horn, faintly opening to view the valley of the Rhone as it mounts up to its source in the glaciers of Gallenstock and the gloomy "Lake of the Dead."

Our course, after having made a slight detour around the base of a small hill crowned with several neat chapels and oratories, lay chiefly along the right bank of the Saltine, whose bed, swollen by the warm sun of the two preceding days, we could hear dashing through the deep gorge below us. At the third "refuge" we stopped to breakfast, and strolling out while coffee was preparing, I was attracted by the voice of a little Swiss girl about eight years old, who held in a basket a few Alpine minerals, which she was offering for sale. I could not understand a word she said, yet there was language in her weary step, in her rags, and in her joyless face: it was the same language of want, and penury, and disease, to which my eyes had already become familiar in the Vallais canton.—She was the daughter of a Shepherd, I was told, who lived about two miles distant, and at this early hour she had come up the mountain to meet the "post." I selected from her little cabinet such as were most rare, and having paid her all she demanded, we parted mutually pleased with the exchange.

Breakfast over, I threw my overcoat into the coach and hurried off, determined to walk up the remainder of the mountain. Passing through two or three long galleries, I entered at length, beyond the fifth refuge, the first of the "glacier" galleries, constructed so as to allow the avalanche, as well as the water which at this season pours in torrents from the glaciers above, to pass over and precipitate themselves into the chasm below. The constant dripping through the fissures above has lined the roof and sides with large and fantastic icicles, which the greatest heat of midsummer fails to loosen. The air was cold and chilling in the extreme, and I hastened to escape. Emerging from the last gallery, I was glad to feel again the influence of the sun, which was now fairly in the heavens, and unobscured by a single cloud, began even at this elevation to impart a sensible and genial warmth: and especially did it seem the more welcome amid the scene of utter desolation which now presented itself. On each side of the road, the snow lay piled in masses, extending on the left far up into the perpetual glaciers of Mont Leone, while deep below, on the right, the Saltine was seen foaming and struggling to force the barriers formed by the rocks and uprooted trees which the recent "snow-slide" had borne down in its course. Behind, overlooking the valley of the Rhone, the snowy tops of the Bernese Alps lay in full view, the extensive glacier of Aletsch reflecting the sun with dazzling brilliancy from its summit almost to its base. There is an awful sublimity in such desolation, where, on all sides, nothing is seen but mountains covered with an everlasting drapery of ice, or rocks whose hoary heads are blasted and shivered into irregular turrets, and upon whose slippery sides scarcely the tuft of moss can find a footing. Where nothing is heard but the roar of the mountain-torrent, or the distant growling of a bursting glacier, or the rush of the avalanche—sounds which, on a spring morning when the sun is warm and clear, constantly fall upon the ear like successive peals of heavy but distant thunder.

I stood riveted by the novelty and grandeur of the scene, until the "post" had nearly overtaken me, when, remembering that I had not yet accomplished my vow, I turned and hurried on until I had passed the last refuge on this side of the mountains. The road had now become slippery and the ascent more difficult: and, sheltered from the winds, I had thrown

open my coat and vest, and loosened my cravat, and was beginning to complain of the uncomfortable heat of an Alpine climate, and to doubt how I might endure the greater heat of the southern slope, when, as I turned up through the defile which opens to the opposite side of the mountain, I was met by a snow-storm which came pelting upon me in a most unmerciful manner. The wind was blowing almost directly from the south: it was the same fiery simoon which had scorched the traveller upon the sands of Egypt, and had warmed the limbs of the basking lazzaroni upon the shores of Italy, and licked up the moisture from its sodden soil, that now gave me so sharp a reception; but on its way it had kissed the icy brow of Mont Rosa and Cervin, and its breath had become cold and piercing as a winter's blast. The spot on which I stood extended on all sides a bleak, deserted waste, and the road could only be recognized by the poles set in the ground, at short distances, to serve as guides. A wooden cross, bearing a rude inscription, announced that I had reached the highest point of the pass: I had accomplished my vow, and would now gladly have retreated to the shelter of the carriage: but it was too far behind to allow me to wait either for it or my overcoat. I had no choice but the convent about half a mile ahead: so, buttoning close and leaning forward, I commenced a regular tilt against the storm, and despite the disadvantage of being obliged to run with my eyes shut, and an occasional plunge into a snow bank, to which my blind, zig-zag course subjected me, I soon measured the distance.

As I came up to the hospice, four or five large St. Bernard dogs sprung playfully towards me, as if to welcome me to their charitable shelter.— I gave the noble animals my hand, and passing, ascended the long flight of stone steps which leads to the main entrance. The present building is a large stone edifice, larger, I am told, than the St. Bernard hospice, and but recently finished: but the old convent, a ruined tower of which is seen in the valley below, was built many centuries since, when there was nothing but a mule track across the mountains. The new building contains a chapel, drawing-room, dining-room, kitchens, &c., with a large number of sleeping apartments. Those which I entered were large and richly furnished. The beds were luxurious in the extreme.

The monks, three or four in number, are like those upon the great St. Bernard pass, of the order of St. Augustine. Father Barras, the present excellent prior of the Simplon convent, was for more than thirty years an inmate of the St. Bernard. It is the duty of these brethren to receive and entertain all such as have no means to pay for their accommodations, or are unable to proceed from severity of weather or other cause. After a storm, one or more, accompanied with a servant and their faithful dogs, go out over all the usual mountain paths, where travellers or the bold chamois hunters are known to cross, or where "slides" are accustomed to occur, or wherever the country is peculiarly exposed to hurricanes: and not a winter has passed since the recollection of their oldest brother, but their self-denying toil has been rewarded by some person thus rescued from a fearful death.

From the convent a rapid drive of three miles brought us to the small village of Simplon, where we dined most sumptuously upon fresh eggs and mountain trout. After dinner, and while the horses were being harnessed, I walked over to the chapel which stands nearly opposite the

post-house, and looking through an open door at the side, I saw a small room hung round with pictures of martyrs, the virgin Mary, &c., at each end of which was a pile of human bones, laid up carefully and regularly to the height of five feet against the walls. I am an amateur in such things, and I enjoyed the sight as an artist would a genuine Correggio or Titian. Clean, white and marrowless, skulls curiously shaped, with short and crooked tibia's—what a prize for an anatomical cabinet! Why these bones were piled here, I could never learn, but only that they had all been once buried decently and comfortably, and at some time were taken up and placed here to shiver and chatter their teeth in the cold.

When I returned the coach was waiting, and fastening the wooden sabot under the wheels, we continued our descent amidst a cold, dense cloud of fog—so variable is the air near the summit of the mountain. Driving some distance along the right bank of the Vedro, whose channel we were now following, by a sudden turn we entered the gallery of Algaby, beyond which we crossed by a lofty bridge to the opposite side of the gorge. The mountain now began to crowd upon us, and the pass became more and more narrow at every foot—becoming also deeper and darker and more fearful, as we descended. The road is here chiseled along the sides of the cleft, or bored through the abrupt angles with almost incredible labor and skill; in all its windings and crossings smooth and solid and secure; yet no one has ever traversed, for the first time, this celebrated “gorge of Gondo,” said to be one of the most grand and savage in the Alps, without emotions of awe amounting almost to fear.

In a deep and gloomy chasm directly below, rushes the torrent of the Vedro: above, on either side, arise two vertical walls, black and dripping with moisture, and from many points of which the half-loosened masses seem just ready to fall. Thus hemmed in by colossal walls, which scarce admitted the light of day, stunned by the noise of the dashing of the waters below, and blinded by the whirling clouds of spray, it seemed the very entrance to the infernal regions—an impression which was not at all diminished when we drove at full speed into the dark mouth of the cavern which forms one of the most remarkable features of this pass.

Beyond this gallery, the grandeur of the scenery, unaltered, except by the still greater depth and height, and still lessened breadth, suffers no abatement. Near by is the hamlet of Gondo, a pile of rough stone cabins in the very depth of the pass, grouped around the base of a singular and lofty building which I fancied might have been constructed as a guard-house. Crossing the frontier we were stopped at the Sardinian custom-house, to show our passports and submit to an examination of luggage. The examination was a mere form, and after a few minutes' detention, we were permitted to drive on.

We were now at the end of the gorge, and as the mountains gradually receded, the mists cleared away and the air became less chilling; the dark foliage of the Alpine pines gave place to the rich and the more delicate tints of the beech and chestnut. Green patches of grass were also seen scattered here and there upon the warm southern slopes. But it was not until the valley of the Toccia burst in view, into whose bed the Vedro at length empties itself, that I felt fully the glory and sweetness of an Italian scene. Oh! it is beautiful beyond description, to one who has come from the mouldering towns and sterile soil of the Vallais, and crossed the stormy

summits of the Alps, and passed the horrible gorge of Gondo, to look thus suddenly upon the sunny plains of Italy. The change is like enchantment. The sun is more bright, the air is softer, and the sky assumes a warmer hue. A rich lawn of velvet spreads up towards the mountains, and neat white villages are scattered here and there along the valley, or beautifully terraced upon the hill-sides. Elegant villas, with white stuccoed walls, and green verandahs, and light balconies, stand amidst groves of olives and fields of trellaced vines.

It was amidst such scenes and under such circumstances, that I entered Italy for the first time: and it seemed a picture of unsurpassing beauty and loveliness—a very paradise! To-day I have seen *more* of Italy.—The picture has a reverse, with strange and painful contrasts. We slept at Domo d'Ossola.

I was out at early dawn and rambled long through this ancient town of the Lepontii, before the beggars began to gather; it is the only hour when the traveller can enjoy, unmolested by human misery, an Italian sky.—And as one after another they came up from their cellars, or from under the sheds and holes where they had slept, I was surprised, and almost annoyed to recognize upon many of them my late disgusting acquaintance, the goitre. I hoped I had left it behind me forever, beyond the Alps, but it was here haunting me again, yet much less universal, and without the dreadful accompaniments of Switzerland. A Pharmacien upon whom I called, told me that with a population of nearly 3000, Domo d'Ossola had not more than four cretins.

Late in the morning I saw an old man laying in the sun upon a stone seat near a public fountain; he seemed asleep, and I thought it would be well if he slept and was buried, for he was a sight so loathsome—he was a “pellagrose.”

From Domo d'Ossola to Milan is a single day's journey, and the road all the way is excellent. At Milan I made my first visit to the celebrated “Ospedale Maggiore,” one of the most extensive hospitals in Europe, built by the liberality of a Noble, in 1456. The entire building forms a square, of which the front facade, 800 feet in length, stands directly on the street. To Dr. Antoine Capelli, one of the physicians to this princely establishment and a member of the “Washington society,” I am indebted for many attentions during my short stay at Milan, and especially for much information in relation to the pellagra, of which more cases are always found in this charity than any where else in Italy. It is at this season of the year especially that the hospital becomes crowded, the disease being almost uniformly aggravated in the spring. Dr. Capelli kindly showed me the malady in all its phases and degrees of severity, explaining to me its usual progress. It attacks chiefly the peasantry, especially females, and not usually until after middle life. In the earliest stage the patient complains only of a general mauvaise, accompanied with some headache, pain at pit of stomach and occasional diarrhoea. This continues frequently during all the spring and summer, but disappears in autumn. On the following spring the same train of symptoms is renewed, but with increased violence, and now a shining eruption appears in patches upon the back of the hands, face, &c., which is soon covered by minute squamæ, the skin becoming thick and rough. Hereafter during the winter the eruption generally improves, and also the disturbance of the digestive

organs, yet from year to year the eruption is extending and the disease becoming regularly more confirmed and complicated: the limbs are bloated, the abdomen distended, spasms and convulsions occur, followed by delirium, but more generally complete coma closes the scene. From the very inception a peculiar mental depression, often amounting to absolute despair, is present, and which I was able to note in its various degrees in my walks through the wards: some looked sad, others were morose and would not speak, one woman about 30 years of age, who had for some time refused medicine, to-day declared that she would not again take food, fully determined to put an end to an existence which, she was convinced, must always be miserable. "She has indeed," said Dr. Capelli, "too much reason to think so, for it is very rarely when the disease has lasted two or three years that the patient ever recovers, he may perhaps live to an old age, but he is always a loathsome pellagrose." It was cheering, however, among all this multitude of leprous patients to see one cheerful face. A girl, about 18 years old, much younger than the period at which it usually commences, was pronounced convalescent and would in a few days be dismissed cured; and her face was lighted with a smile of recognition and gratitude as the Doctor passed.

The causes of this scourge of Lombardy are, I am convinced, and so also was I assured by Dr. C., to be found not solely in the low, damp soil of the adjacent country, and the exposure to a burning sun, but chiefly in the peculiarly unwholesome diet of the peasantry, whose food, exclusively vegetable, is chiefly composed of indian flour made into a coarse and always acid bread, such as I have frequently eaten in Lombardy, and which never failed to put my stomach into a fermentation; or indian flour and chestnut flour stirred into a porridge called "polenta," and to which the rye porridge of Scotland is not unlike. Their wine also, such as I was able to get, was very sour. In addition to this, they are weighed to the ground by a despotism, civil and religious, no where else surpassed, and which sinks both mind and body into the lowest degradation; and however much government or private liberality may do to establish "*maisons de sante*," public baths, or to prevent intermarriage among pillagrous persons, or even to drain by canals and trenches, the vast plains of Lombardy, which Napoleon boldly projected and even commenced, still until some effectual means to elevate the condition of the peasantry are taken, little will be gained. The history of a Lombard peasant is,—born in a hovel, reared in a shed, oppressed by the government and robbed by the priest; through all his life laboring like a beast and not half as well fed, and dying at last a miserable pellagrose! For all this Austria has to answer, and must answer sooner or later.

The treatment of the pellagra at this hospital consists mainly in a plain, healthy, nutritious diet and *baths*. These latter are considered indispensable.

Case of Ovarian Cyst, ruptured by a fall,

Effusion of its contents into Peritoneal cavity, absorption, and permanent cure.

Communicated for the Buffalo Medical Journal by JAMES P. WHITE, M. D.

A widow lady, 43 years of age, discovered during pregnancy, nearly 15 years since, a tumour in the left side about the size of an egg. She was safely delivered of a healthy child at the usual period, and has since given birth to three vigorous children, the youngest being now eight years old. The husband died before the birth of the last child. After the last confinement the tumor increased with considerable rapidity, and gave rise to much uneasiness. She had several attacks of what her physicians called inflammation of the bowels, and was treated by bleeding, blistering, cathartics, &c. The tumor has been during the last few years seen by Drs. Colgrove, B. Burwell, Bissell, Congar, and others, most, or all of whom diagnosed ovarian disease, and did not predict a favorable termination. I incidentally saw and examined the patient last summer, and found the left ovary larger than the head of a full grown fœtus, extending quite across the umbilical, into the right iliac region. Did not recommend the patient to institute any treatment for permanent relief.

In February last, on making a sudden effort on an icy stone step, she slipped, and fell with her whole weight upon the abdominal tumor. The shock was so severe as to produce prostration and syncope, and a messenger was despatched for me. After administering a cordial I proceeded to make an examination, and found the circumscribed character of the tumor entirely lost. There was a general fluctuation of the whole abdomen, and the peritoneum seemed the receptacle of a fluid escaped from the ruptured sac. The injury was followed by severe peritonitis, which yielded to bleeding, general and topical, with the usual adjuvants. The patient passed more than the usual quantity of high colored urine, and vomited frequently throughout her illness. After a gradual convalescence she seems now entirely restored, and in better health than she has enjoyed for several years. The strictest examination did not, during a visit last evening made for that purpose, enable me to detect the least vestige of the old tumor in the ovarian region. The menses have been, and are now regularly secreted, the respiration is full and complete, and she can lay upon either side without difficulty, which she has been unable to do until recently.

On reviewing the circumstances in the history of the foregoing case, several questions of pathological and practical importance, are very naturally suggested. Was this tumor really an ovarian cyst, filled with some fluid or soft matter? If so, was it ruptured by the force of the blow at the time of the fall? Was the peritonitis which followed, and during the continuance of which the fluid was probably absorbed, occasioned by the injury; or the result of the irritation produced by the sudden introduction into a serous membrane of a fluid more or less stimulating? Or, what is perhaps most probable, was it the combined effect of both? Granting the answers to these questions which seem most probable, can any deductions of practical importance be fairly drawn therefrom? Does the favorable termination of this case afford any encouragement for a resort to any of

the operations for the radical cure of encysted dropsy, recommended by some modern practitioners? It is remarked by Dr. Sympson, in a "treatise on Dropsy of the Ovary," that it has been suggested to open the sac and discharge its contents into the peritoneal cavity. But, so far as I am aware, the practice has never been resorted to. This operation would be very analogous to what probably resulted from the injury in the case related. The operations for extirpation, and the insertion of the seton, or the tube as recommended by Dr. Trowbridge, have been had recourse to sufficiently to dispel the great apprehension of danger which has prevailed in relation to opening the abdominal cavity. That suggestions may be made in relation to the history of the above case by those who saw it; or its practical application and usefulness is my only object in bringing it before the society. It will not be denied that the subject demands investigation, for notwithstanding the great variety of operations resorted to, and with partial success, still none is as yet adopted by the profession at large.—Indeed we may safely subscribe to the observations of Dr. Hunter, published half a century ago, "that though he had seen many cases of dropsy of the ovary treated by physicians of the first rank, he had never seen one cured. That in the present state of medical science it is an incurable disease, and that a patient will have the best chance of living longest under it, who does least to get rid of it."

NOTE BY THE EDITOR.

The preceeding case was reported to the Buffalo Medical Association in September last, and would have appeared in the last number of the Journal, but for the accumulation of matter previously received. It is certainly an interesting case, and the practical questions which it suggests are of great importance. With reference to the latter, it is desirable to determine what were the circumstances directly involved in the cure. Any therapeutical deductions, will, obviously, hinge upon this point. The mere discharge of the contents of the cyst, was probably not in itself sufficient. If it were, it would have answered equally well if they had been evacuated through the abdominal walls by means of the trochar. Did the fact of the effusion into the peritoneal cavity, and the consecutive peritonitis, play an important part in the cure? We are unable to perceive why it should be so: and if not, the case affords no sanction for discharging the contents of ovarian tumours into this cavity by subcutaneous incisions, as has been proposed. The case, it is true, presents an illustration of the fact that the peritoneum is capable of absorbing the contents of an ovarian tumour, but if the peritoneal inflammation, thereby induced, exerts reciprocally no curative effect upon the ovarian cyst, it follows that there is nothing gained by imposing the duty of absorption upon the peritoneum, and exposing the patient to the dangers incident to peritonitis. We suppose the true explanation to be, that the force of the blow received upon the abdomen, which caused a rupture of the cyst, gave rise to a certain amount and kind of inflammatory action in the cyst, which ultimated in a radical cure on the same principle that hydrocele is cured by stimulating injections, or other means to develope inflammation in the tunica vaginalis. Indeed, cases of radical cure of hydrocele from bursting the tumour by an accidental blow are on record. If this be the true rationale, the evacuation of the fluid into the peritoneal cavity, and the consecutive peritonitis, have no direct, causative relation to the fortunate result; and it would certainly be unwise to imitate the case in these particulars by any surgical operation. With this view of the method of cure, the case, in so far as it admits of practical deductions, goes to sustain the practice which some surgeons have pursued, of evacuating the contents of the cyst by

tapping, and then, by injections, the introduction of a foreign substance, or other means, exciting a certain degree of inflammation within the cyst—in short, applying to these cases the same principles of treatment which are employed in hydrocele. Of the merits of this plan we are not prepared to speak. Dr. Trowbridge's method of introducing tubes, to which Dr. White refers, is described by himself in a communication made to the Boston Medical and Surgical Journal, August, 1841.

In the American Journal of Medical Sciences, for October, 1845, our readers will find an article excerpted from the London and Edinburg Medical Journal, detailing a case in which, in the same individual, a spontaneous rupture of an ovarian cyst took place, with an escape of its contents into the peritoneal cavity, and subsequent absorption, three separate times. Peritonitis, on each occasion, was developed in this case, which terminated favorably; not, however, it will be observed, in a radical cure of the ovarian dropsy. On the contrary, the accumulation returned a second, and third time; notwithstanding the peritonitis. The ultimate issue of the case is not given. This case goes to confirm the opinion which we have expressed concerning the rationale of the case reported by our correspondent.

Case of Operation for Omental Hernia, *With removal of Spermatic Cord and Testicle.*

Communicated for the Buffalo Medical Journal, by ALDEN S. SPRAGUE, M. D.

The following case occurred several years ago: A gentleman in Royalton, Niagara Co., had been afflicted with hernia for 20 years. I was called to visit him after he had suffered from strangulation for five days. The hernial protrusion was direct, inguinal, and omental; the symptoms being those usually attending cases of that kind, but not in a very aggravated degree. He had been seen by several medical men previous to my being called, all of whom had successively attempted to reduce the hernial tumor by taxis, but without success. I therefore deemed it not prudent to delay an operation which then seemed the only alternative. Previously to its commencement, however, I bled the patient to faintness, and, in the meantime, made some efforts to effect a reduction, but with no better success than my predecessors. The patient and his friends were now extremely anxious that the operation should be resorted to, and he was accordingly placed on the table, after the immediate danger, and the small chances of recovery had been pointed out to them.

The incision was made in the usual manner, and carried down to the sac. This was greatly thickened, and its omental contents found to adhere extensively to the spermatic cord. A considerable time was spent in endeavoring to separate the diseased mass from the cord, but it was found to be utterly impracticable. The state of things at this time appeared rather embarrassing. I decided, however, to remove not only the sac and its contents, but the spermatic cord and testicle also. Accordingly I commenced an incision as near to the abdominal ring as practicable, and divided as much of the omentum as possible, tying two or three small arteries. I then found the spermatic artery and secured it by ligature; after which I completed my first incision. The divided mass, accompanied by the spermatic cord and testicle, was next removed. The testicle was

much enlarged, softened, and surrounded by a considerable quantity of semi-transparent, gelatinous fluid. Adhesions had taken place at the ring, which were broken up with the handle of the scalpel and the finger nail. The division of the stricture was made directly inward. The parts were then returned into the abdomen without difficulty, and the wound dressed in the usual manner. A dose of oil was shortly exhibited, which operated well. He was left in the charge of a young medical gentleman who had assisted in the operation, and recovered without any unpleasant symptoms. The mass removed weighed a trifle less than eight ounces.

BUFFALO, October, 1845.

Epidemic Erysipelas.

Communicated for the Buffalo Medical Journal, by JOHN G. HOUSE, M. D.

SPRINGVILLE, Nov. 3, 1845.

Our village was visited last winter and spring, for the first time, by the epidemic sore throat and erysipelas which has so extensively prevailed in many parts of our country for the last four years. The disease, as it appeared here, was as evidently contagious as scarlatina or typhus. In one instance, out of seven females who were exposed to the miasm in their ministrations on the sick of one family, six were attacked with it in from twelve to seventy hours afterwards. There seems to be some trouble about a name for the epidemic; for whether it manifested itself in the throat, in the serous and mucous membranes, or on the skin, it was, most probably, one and the same disease, produced by the same cause. Neither the term *cynanche maligna*, nor erysipelas, is comprehensive enough to embrace the whole disease.

Those affected with the epidemic, were attacked with rigors, pain in the back of the head and neck, and in all the great nervous centres.— There were also rigidity and lameness of the muscles of the sides and back of the neck. In the most severe cases, the suffering was intolerable, manifested by groans and contortions. There were in many cases nausea and vomiting during the cold stage. The rigors were sooner or later succeeded by a reaction, corresponding in intensity with that of the chill. The posterior part of the fauces presented an erythematous, mahogany-red appearance, which, in the worst cases, was accompanied with very little tumefaction. This erythema manifested a disposition to metastasis: sometimes suddenly leaving the throat and attacking the skin, the peritoneum, the pleura or the mucous membrane of the bowels, or, else, extending itself to the larynx and trachea. Out of forty patients under my treatment, I lost two, and these by the last mentioned complication.— When the disease attacked those who had formerly had quinsy, or enlarged tonsils, these became much inflamed and tumified, inducing the patient to expect suppuration: but the swelling almost uniformly subsided without the formation of pus. The predisposition to superficial ulceration was so great as to overcome that to form abscess. When erysipelas occurred, it was of the deep-seated, phlegmonous variety, and was attended with less vesication than the ordinary sporadic disease. It frequently appeared within a few hours after the soreness of the fauces, upon the

face, neck, genitals, or extremities: sometimes pain and soreness would commence in the hands or fingers where there happened to be the slightest abrasion of the cuticle, inflammation of the absorbents would speedily follow, and erysipelas would appear in the axilla. Adults of both sexes were more frequently subjects of the disease than children, but it must not be denied that the latter were often affected with scarlatina in the same families with the former. In fact, under modifying circumstances, the same epidemic constitution and contagion seemed capable of producing either cynanche, scarlatina, or puerperal peritonitis, and my friend Dr. Folts, has related to me the case of an adult female in which there was a full development of the eruption of scarlatina with erysipelas added—a strange compound. I might, if time and space allowed, have entered more minutely into the description of this epidemic, but let this suffice.

The first indication in the treatment was to overcome the cold stage as soon as possible, by the administration of Dover's Powder, warm, gently stimulating drinks, and external heat. As soon as reaction had taken place, we usually gave an emetic of Ipecacuanha, which uniformly mitigated the severity of the symptoms, relaxing spasm, and inducing more or less perspiration. Afterward, if necessary, we moved the bowels by means of the mildest laxatives, having found that full and frequent catharsis was unsafe and unnecessary. We then endeavored to keep up gentle diaphoresis by means of ipecac. and camphor, spts. of nitre, warm gruel, &c.

If these means failed to subdue the tension of pulse, we resorted to sanguineous depletion, graduating the amount by the strength of the patient, by the difference of frequency of the pulse in the lying or sitting posture, and by the color of the fauces. In all such cases, the benefit from moderate venesection was prompt and decisive, but in the two cases of laryngeal complication, this, with all other usual means, failed. One died from suffocation, and the other, after being given up to suffocate, was relieved of the cynanche by the spreading of erysipelas from a blister on the side of the neck. The patient, however, died three days afterward from exhaustion. As an application to the fauces, a solution of nitras argenti, six grains to the ounce, was found most serviceable in restoring tone to the disorganizing membrane, and staying the ulceration. This was applied twice daily, with a camels hair pencil. When the color of the fauces was very dark, we resorted to the common capsicum gargle with great advantage. An infusion of sage and alum was the best detergent. As a local application for erysipelas, we used the following: R. Potas. Nitrat. 3 ii. Zinci sulph. 3 i. Aqua pur. O i. Solve.

This, frequently applied to the surface, was as good as any thing, and what was no small consideration was its cheapness. In the latter stage of the disease, the patient required support from tonics, such as quinine combined with Dover's powder, gentian, columbo, &c. Convalescence was rather tedious, and sometimes rendered more so by abscesses under the fascia. The disease was quite prevalent from February to July, when it suddenly and almost entirely disappeared.

¹NOTE BY THE EDITOR.—We hope the foregoing communication will serve to call out others relating to Epidemic Erysipelas in different localities. It is very desirable in order to arrive at correct views of the pathology and therapeutics of this disease, to

institute a comparison of the phenomena, and the effects of remedies, as observed in different places. Several contributions on the subject have appeared in other journals, and we should be glad to furnish our quota of facts for a comprehensive analysis, by which the character and best method of treatment, it is to be hoped, will be better understood than they are now.

So, also, as regards other diseases—nothing is better established than that various endemical influences, and those of a more general character which have been commonly referred, after Sydenham, to the atmosphere (*constitutio aeris*), occasion the same diseases, at different times, and in different places, to assume widely different phases, and to require very different methods of treatment. A collection of facts, to serve as a basis for the scientific investigation of these variations, it is needless to say, is of very great importance. It can only be accomplished by the united efforts of different persons, located in different sections of country, who will feel sufficient interest in the object to make careful observations, and report them to the profession. To subserve this object is one of the most prominent of the functions of a medical journal. We are very desirous to render ours useful in this way; and shall be always glad to receive communications from those who are disposed to co-operate for this purpose.

Case of Typhoid Fever, with Autopsy, and Remarks.

Communicated for the Buffalo Medical Journal, by G. N. BURWELL, M. D.

BUFFALO, November 12, 1845.

MY DEAR DOCTOR :—In the introduction to my article on the fever at North Boston, of which you gave an account lately in the American Jour. of Med. Science, you said I promised you an account of cases which had come under my notice in this city. You misunderstood me somewhat. The case I promised was one which came under my observation in the Philadelphia Hospital, Blockley, and is interesting, pathologically, as illustrating the immense amount of disease which may exist in the intestinal canal, with comparatively slight constitutional symptoms, until a short time before death.

Before transcribing this case from my note book, I would say that from April, 1844, to April, 1845, I saw six cases in this city of what I considered as the typhoid fever of Louis, Chomel, &c. All but one were attacked in the city; all were young men—three had the eruption well marked, two did not have it, and in one it is not recollected; one died at the commencement of the third week, from the supervention of pleuro-pneumonia; the other five recovered.

Beside these, I saw a woman in December last, on Grand Island, whom I considered as having this fever. In June I went to Hamburgh, near Boston, to see a woman who undoubtedly had this fever; and in April last, my father went to the same town to see a case of this disease.

In thus citing these cases as typhoid fever, I am aware I have no farther evidence to offer respecting them than my own opinion, but which is very decided. This is one reason why I refer to them so briefly, and, also, because I neither wish nor ask others to receive them as such on this ground alone. I only desire to draw their attention to the subject, and to ask that they investigate for themselves.

I would here fortify my opinion respecting this fever, by that of Doct. J. Dorland, of Hamburg, which he communicated to me in a letter, and from which I take the liberty of making the following extracts:

"I saw the cases at N. Boston, mentioned by Dr. Flint, and believe his views to be correct. I had a case at the same time, some two miles from Boston; a young man who got sick at Buffalo while engaged in the printing business. About the fifth day of the disease he was brought home, and soon afterwards I saw him. The late Dr. Camp was soon called in counsel, at my request; at the same time I visited with him his patients at N. Boston. Our conclusion was, that it was one disease affecting his patients and my patient.

This is a fever I have hardly been aware of in the country until within a few years, and I always dread its appearance. Diarrhœa is a very prominent symptom, with excessive debility, and frequently hæmorrhage, from some part. There is also always more or less headache and delirium in severe cases," &c.

The treatment which Dr. D. has found most beneficial in the cases which have come under his notice, has been the abstraction of about ten ounces of blood within the first five days, followed by full evacuations from the bowels by calomel, succeeded by rhubarb. After this, he is very sparing in the use of calomel, but gives a little rhubarb every second or third day. After thus relieving somewhat the congestion of the brain, he gives grain doses of ipecacuanha frequently repeated, for the bowels, adding opium when needed, either in the form of Dover's powder, or uncombined. He objects to morphine in this fever, as, according to his observation, it has a sinking, stupefying effect, without leaving the system benefited. He thinks morphine is too much relied upon in low fevers. After free depletion by the lancet, bowels, &c., he likes the use of quinine, (freely in many cases,) the acids, ipecac, and opium; their doses to be varied, of course, according to the indications.

The case I propose to give, is that of a young man, Thomas Daggert, aged twenty-one years, a wheelwright. He left his native state, (Maine) in 1843, to go to the south, yankee-like, to seek his fortune. In November of that year, while at Mobile, he had an attack of "bilious fever," from which he had a full recovery. Not succeeding in business, homesick, and without money or friends, he determined to go home, and got a passage given him on a sloop coming to Philadelphia. Here he endeavored to earn something to help him along, by hiring out to attend one of the stands which so abound on the sidewalks of that city. While thus engaged, about the first of February, 1844, he was taken with a light chill, which was followed by fever, but no sweating. The chill returned every afternoon, and lasted generally from half an hour to an hour; the fever continued all night, with thirst, and general restlessness.

For all this sickness he attended to his stand *some portion* of each day for ten or twelve days; of course the principal part of the time was spent in the house, *but not in bed*. The truth is, I expect, that he exerted all his strength and resolution to keep about for fear of losing his place, and if lost, not knowing, sick and destitute as he was, where in that great city he could lay his head. Finally he had to give up and go to bed; and on the afternoon of February 12, 1844, he was brought to the Hospital.

He had then a pulse of 120, a warm dry skin, a sense of nausea, no appetite, bowels generally constipated, a little cough, some headache, a dull flush on his cheeks, and the general expression of his face was dull and melancholy. He had had a chill about 2 o'clock.

Feb'y 13. His pulse this morning 104, quick, moderately full and large, general feverishness, tongue dry and rough in the centre, the fur on it forked, edges somewhat red, has a bitter taste in his mouth, has vomited twice of bile, bowels open twice in last fifteen hours, stools thin, has a sense of swelling of abdomen, but which is slightly retracted, tenderness on pressure in the epigastric and both hypochondriac regions, percussion resonant, complains of pain in precordial region, which is not continued, but alternates with pains in his toes and in the left arm; no cough this morning, respiration rather hurried, urine small in quantity and high colored, no headache, no eruption.

Feb'y 14. Much the same as yesterday, no sweating, increase of restlessness, more thirst, complains of less pain in abdomen on pressure, but little sleep.

Feb'y 15. Pulse risen to 130, continued fever, no return of chills since the day of his entrance, some deafness and ringing in the ears coming on, but little headache, sordes on teeth, tongue rough and dry, bowels open twice last night, stools scanty and watery, abdomen continues retracted and tympanitic, the pain in it has concentrated about the umbilicus which is exceedingly sensitive to pressure.

Feb'y 16. Pulse 140, feeble and quick, face becoming blue, sordes, tongue swollen, dry and sore, lies with mouth open, disposition to pick his nose, and some epistaxis in consequence, brain symptoms continue, delirium last night and this morning.

P. M. Increased delirium with some stupor, countenance very dull but becomes anxious when roused, belly now slightly swollen, pulse 150 small and compressible, no chills, nor eruption.

Feb'y 17. Found him moribund. Learned that he had been quite delirious until one o'clock this morning, since which he had slept considerably at intervals. He had taken his wine and broth at the usual breakfast hour, and the nurse did not then notice anything immediately alarming. He was soon after called by the patient, who complained of feeling "very curious," and then sank away so rapidly that in a very few minutes he was completely insensible, and was expiring by the time I reached him, although but a short distance from him; and summoned immediately.

The treatment consisted, at first, in the use of the neutral mixture, *spts.* nitre, and small doses of the blue mass with *Dov.* powder. The last two days, wine-*wh*ey, brandy and chicken-broth were chiefly relied upon.

Post-mortem, fifty hours after death. The body but slightly emaciated, abdomen more swollen than before death. The spleen was twice its natural size, being six inches long, three inches wide, with a corresponding increase in thickness, its tissue very soft and easily lacerated. The mesenteric glands enlarged to the size of Madeira nuts, and inflamed. The stomach had a large patch at the fundus highly injected, and in two places the coats were much thinned; effusion of air under portions of the mucous coat. This effusion or collection of air was also noticed in the *sub-peritoneal* coat at the root of the mesentery, and in the *sub-mucous*

tissue of portions of the small intestine. The duodenum was moderately injected, the jejunum pallid. At the upper portion of the ileum were noticed the isolated follicles much enlarged and inflamed at their base, their summits not ulcerated. Lower in the intestine these became more and more numerous, and also ulcerated at their summits; otherwise presenting the same characters as those first noticed. At the lower portion of the ileum there were from *twelve* to *eighteen* of these enlarged glands of Brunner to the square inch, and covering thus thickly the whole of that part of the intestine.

Not less than *thirty-two* of the elliptical glands of Peyer were counted in the ileum, none less than half an inch by three-quarters. The largest one was two inches in length, by one and a quarter inches in width. The major portion of these were in the lower *four feet* of the ilium. There were many smaller ones not enumerated, scattered through the ileum. These glands were all elevated, ulcerated, thickened, presenting the honey-combed appearance in every instance, with a dirty greyish slough, or secretion in the interstices of the bands which crossed them and each other. The edges of some of them were everted. None had reached the point of perforation. The mucous membrane of the lower half of the ileum was generally of a slate color, without any bright red, or inflammatory injection.

The caput-coli was one mass of enlarged and inflamed follicles. These enlarged follicles were also thickly scattered all through the colon, but becoming *very gradually* less numerous as we approached the rectum. The mucous membrane was generally removed from their top by ulceration. The general tinge of the mucous membrane of the colon was a bluish-brown.

This was a most interesting case of fever. The young man, laboring under long continued mental depression, was taken with a light chill, which recurred every afternoon for twelve days before he gave up to it and went to bed. The second day after this (the fourteenth of the fever) he was brought to the Hospital, without any prominent symptoms, except his continued fever, some thirst, general restlessness, and some annoying, wandering pains. He remained in this state for two days, when his pulse began to rise, the cerebral symptoms became more marked and, continued to increase in severity for two days, when he died.

The latency of the enormous amount of disease of the bowels is somewhat remarkable, although the same thing has been often before remarked and recorded. The regularity of the return of the chills for twelve days is particularly worth noting. Had he been under the care of any physician, quinine would undoubtedly have been prescribed, but with what effect must of course remain uncertain. This, too, would naturally lead one to suppose he was laboring under a low form of remittent fever, and thus I supposed for the first thirty-six or forty-eight hours after his entrance, until, disappointed in their expected return, with an entire absence of yellowness of the skin, and the evident affection of the brain which became more marked at this period, led me to a correct conclusion as to his disease two days before he died. The autopsy will show the entire inadequacy of any course of treatment that we possess or might have adopted, to the accomplishment of his recovery.

Yours truly,
G. N. BURWELL.

Letter from Accoucheur.—No. 3.

Communicated for the Buffalo Medical Journal.

An experienced Accoucheur will seldom fail to discover the actual presentation of the fœtus in the commencement of labor, and it is proper that examination be made early, *in every case*, for that purpose. If it be ascertained that the presentation is a natural one, and there are no untoward symptoms, the accoucheur will not only feel at ease himself, but he will have pleasure in relieving the anxiety of the parturient woman. In such cases, all interference is mischievous, if not positively injurious, until the period arrives when the operator can afford protection to the patient. Many of the accidents of the parturient state arise, it is not to be doubted, from treating it as a state of *disease*. The young accoucheur boasts of having perpetrated an accouchment—of having achieved the extraordinary affair in an inconceivably short space of time; or, that he had labored hours, without intermission or cessation, before he could accomplish it. In the first case, the labor would have terminated, probably, within the time, without his assistance; and in the latter, much sooner, no doubt, but for his officious intermeddling. On the other hand, if it be ascertained that the presentation is an unnatural one, the accoucheur may have time to prepare himself for the emergency, and to prepare the patient, also, to submit to necessity. Concealment, generally, is as unnecessary, as it is unworthy of the accoucheur. A sensible woman will seldom be reluctant to submit to whatever a frank, confiding physician may think necessary to require. But there are situations and conditions of great embarrassment, perplexity, and anxiety, where doubts exist, and symptoms demand immediate decision, if not instant action—where deliberation is death. No man can even contemplate unmoved, a being placed in a position where life or death depends on instant decision and action, and he alone responsible for the result. How then will he bear up when he finds himself suddenly, and unexpectedly involved in the dreaded dilemma! Nothing can occur in the puerperal state more fearful and appalling than hæmorrhage, or convulsions, before and after delivery. Some cases of the latter, before delivery, will be the subject of this paper.

Mrs. —, a young woman, in labor with her first child, fell into convulsions at a time when the accoucheur was momentarily expecting the expulsion of the child. Blood was freely abstracted, but the convulsions continuing, two other medical gentlemen were called in, one of whom had the reputation of using the forceps with dexterity and tact. Convulsions commenced at mid-day, and when I saw the patient at 8 o'clock the evening after, she was insensible, cold, pulseless at the wrist, and seemed to be in the article of death. It was represented to have been impracticable to use the forceps, as every attempt to apply them produced a strong convulsion. Convulsions had now ceased, and with one blade of the forceps she was instantly, as it were, delivered of a stout, living child. The Placenta was soon removed, the patient put into bed, and by the assiduous use of warm appliances, in an hour or two she began to rally; the pulse returned to the wrist, but it was twenty-four hours before she was restored to consciousness. Her recovery was speedy, and she has borne children since without accident.

Mrs. —, a young woman, was taken in labor with her first child, and immediately fell into strong convulsions. The patient was florid and sanguineous. Blood was freely drawn from the arm, and the bowels were evacuated by artificial means. Convulsions continuing, nevertheless, unabated, I saw the patient about four hours after the attack. It happened that both the physician in attendance and myself were unprovided with instruments, and we were both, also, some miles from our respective homes. It was decided, therefore, while I remained with the patient, my friend should go for his instruments. In this interval the friends of the patient were importunate, clamorous for "something to be done."—To quiet them I sat by the patient, and ascertained that the presentation was natural, the waters discharged, the os tincæ dilated to the size of a shilling, and its lips thin. I noticed, too, that whenever the uterus began to contract, the pain was lost in a strong, general convulsion. It occurred to me that the pains might be concentrated by irritating the os, by passing a finger around the tincæ and making gentle attempts at dilation whenever the uterus began to contract, and I was gratified to notice, that though the convulsions continued, the patient was provoked by the irritation to make some expulsive efforts, and the labor was progressing. Without leaving my seat, having ordered a wet napkin around the head, the manipulations were continued a full hour and a half, when my friend returned with his instruments, just as the mother gave birth to a healthy, living child by natural efforts. The placenta came away in due time, the convulsions ceased, and the mother was put into bed. She was restored to consciousness after some hours, recovered speedily, and has since borne children without accident.

Mrs. —, a young woman, met with a fall a few days before her expected parturition. At full period labor commenced, and went on without accident or interruption some hours, when, without ostensible cause, she fell into convulsions. Though the attending physician was familiar with the practice described in the foregoing case, he invited me to join him in attendance on this, and the practice before described, was adopted in this case, and we sat, alternately, between four and five hours, when the child was expelled, dead, apparently for some days. The placenta came away readily, the convulsions ceased, and in a few hours she was restored to consciousness, and recovered rapidly.

Irritating the os uteri to provoke expulsive pains has been practiced by myself, and many of my friends, for some years, not only in convulsions, but in hæmorrhage, in cases of retained placenta, in abortions and miscarriages—in all cases, indeed, when strong uterine contraction was desired. If there be nothing novel in the practice, these cases furnish additional evidence of its propriety and use.

Puerperal convulsions may arise from irritation, often assuming neuralgic symptoms, simulating hysteria; from cerebral congestion, caused, or aggravated by propulsion of blood to the head in the strong throes of labor; from extravasation of blood on the brain, constituting sanguineous apoplexy. The pathology and treatment of these several conditions do not come within the purpose of this paper, and, perhaps, nothing can be added to what has been already written on the subject.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Physicians in Buffalo.—The profession in other places, and especially those in the eastern states who may have in contemplation emigration westward, may like to be informed concerning the number of physicians in this city. The census which has been recently taken, enables us to give precise figures on this subject. We find on examination of the returns from the several wards, that the whole number of physicians and surgeons is 78. This is supposed to embrace medical practitioners of every denomination—Homœopathic, Botanic, Thompsonian, Uroscopic, *et id genus omne*. The number of *regular* practitioners (we cannot distinguish as *legal*, since the law now recognizes equally those of every denomination) is about one half of the above number. Our population, according to the late census, is a little short of 30,000. We have thus a professed practitioner of medicine for less than every four hundred of our population. This, of course, is a great disproportion. That all cannot subsist upon the necessities of disease, is reduced to a mathematical demonstration. The ratio which the number of regular practitioners bears to the number of our population appears to be not remarkably large: but in estimating the relation between the supply and the demand, we are to take into account certain circumstances peculiar to this locality. In the first place, a large proportion, probably one fifth of our population, are foreigners, mostly Germans. This class, for the most part, employ physicians from their own country, who, with some exceptions, are not recognized in our medical associations. In addition to this, Buffalo, from its location, has a large floating, irresponsible, poor population, whose patronage contributes little or nothing toward the maintenance of the profession. To these circumstances are to be added, that our climate is healthful, and our citizens mostly young and vigorous, who have emigrated hither to place their health and activity to the best account. We have a very small proportion of the various classes of wealthy, luxurious valetudinarians, who furnish in older cities the larger portion of profitable medical business. The amount of disease compared with our population, is far less here than in any New England locality.

In view of these circumstances, Buffalo can hardly be said to offer what is technically called an "opening" for new practitioners. In this respect, however, it is not peculiar. Notwithstanding the almost magical development and growth of new towns and cities in the western world, the supply of medical practitioners every where appears to outrun the demand. We have never heard from any quarter, of the scarcity of medical men; and if in the travels of those who are in pursuit of a locality where the ground is not already, in so far as numbers are concerned, amply occupied, an opening should be found, as a matter of curiosity, we should be glad to be informed of it. We have known many in search of such a place, but in every instance it has eluded discovery.

The position of Buffalo is such, that a large number of new aspirants for medical practice annually fix their locations here. Many, are disappointed, and, hence, there is, also, annually a considerable emigration from this to other places. During the last ten years probably more than

the whole number of regular physicians at present established here, have moved away after a longer or shorter sojourn.

An error manifestly exists, to some extent, relative to the facilities for acquiring practice in this and other western cities. The conclusion to emigrate not infrequently involves a supposed compromise of the advantages of an older city for a more speedy attainment of an extensive practice. Experience, however, soon brings conviction of this mistake. The new candidate finds that the same obstacles, and occasions for delay exist in Western, as in Eastern cities; and the only redeeming consideration is, that attractions of a new city, perhaps unlooked for, cause the advantages left behind to be less regretted than had been supposed, and success becomes desirable upon the same conditions. We venture also the remark, that if (as we suspect is sometimes the case) a less amount of acquirement or ability be supposed to be requisite at the West for success, it will generally prove an error which practical experience will disprove. There is probably a larger proportion of irregular and unqualified practitioners in Western than in Eastern towns, owing in a great measure, to erroneous ideas to which allusion has just been made. This fact renders the medical profession, *as a profession*, perhaps less generally respected. If we mistake not, the fact *per se* of being a member of the medical profession in New England confers some little honor: at the West it confers less, and perhaps none whatever. This very fact, however, renders discrimination of individual merit and capacity more acute, and the consequence is, that those whose success implies the confidence and respect of the public, as a class, will compare with the same class in any part of the country for intelligence and acquirement.

To return to our topic—the Physicians of Buffalo—we are sure that we do not arrogate too much when we say in behalf of the fraternity to which we have the honor to belong, that we are ready at all times to extend the hand of fellowship to those who may join us, bringing proper professional credentials, and prepared to observe the rules of medical ethics, which, we are happy to add, are generally sedulously observed and cultivated by the members of the profession in this city.

Cure of Aneurism by pressure.—The attention of surgeons seems to be now directed with considerable interest to the cure of aneurism by pressure, and since every discovery, or improvement which dispenses with the use of the scalpel, is preeminently indicative of surgical progress, it is greatly to be hoped that the expectations of those who advocate this method will be realized. In Ranking's abstract, vol. 1, No. 1, we find several extracts from communications by Dr. Bellingham, of Dublin, originally made to the Dublin Journal on this subject. He gives a statement of 12 cases of popliteal and femoral aneurism permanently cured by compression. Our readers, by consulting the above work, will find a full discussion of the advantages of this method over the treatment by taking up the artery, and a consideration of the objections which have been urged against it. These our limits will not enable us to quote. We will, however, for those who cannot conveniently refer to periodicals which treat at length on the subject, transfer a brief account of the practical measures recommended by Dr. B. In so doing we use the language of Henry Ancell, Esq., author of the report on the progress of surgery, in

the work referred to. In addition to Dr. Bellingham, we are informed in this report that the plan has been adopted by Hutton, Cusack, Allen, Greatrex, and Liston. The reporter derives his authority from the late work on surgery by Prof. Miller. "By any suitable apparatus a moderate degree of pressure is applied to the vessel at a point where the coats may be expected to be sound, and, consequently, not prone to ulcerate from various causes. This is maintained so long as it can be conveniently borne by the patient, but no longer. When uneasy sensations become intense, with swelling and numbness of the limb, and throbbing in the part, the pressure is either slackened or removed. After a time, the parts having recovered, it is re-applied. Again it is removed, and thus the disasters formerly attendant upon the treatment by pressure are avoided. At the same time that the circulation in the aneurism is moderated, the tumor begins to diminish, its pulsation is less, and it feels harder and less compressible; ultimately, pulsation wholly disappears, and induration becomes complete, absorption advances, and the cure is obtained, with or without a previous state of the vessel. Throughout the treatment absolute repose and decumbency are maintained, with an antiphlogistic regimen. Also, the limb below the compressed point must be uniformly and equally supported by bandaging, lest passive congestion and oedema supervene; and this pressure may, from time to time, be somewhat increased on that part of the limb which includes the aneurismal tumour. The process is one of weeks, not days—gradual, not sudden—interrupted—not continuously, progressive. The pressure requires to be neither great nor constant, for we do not desire obliteration, even temporary. It is sufficient to moderate, not essential to obstruct the flow of blood. The treatment is conducted rather as if itself were not the agent of cure, but only the means whereby the spontaneous cure may be originated and favored."

Dr. Bellingham says that "instead of employing a single instrument, we employ two or three, if necessary; these are placed upon the artery leading to the aneurismal sac, and when the pressure of one becomes painful it is relaxed, the other having been previously tightened." "The instrument consists of an arc of steel covered with leather, at one extremity of which is an oblong padded splint; the other extremity terminates in a nut, containing a quick screw, to which a pad similar to that of the tourniquet is attached."

Electro-Physiology.—The Medico-Chirurgical Review for April, 1845, contains an interesting article on the above subject. The article is chiefly an analysis of two late (untranslated, we presume,) French works by M. M. Longet, and Ch. Matteucci. The results of the experiments made by these gentlemen seem to us curious and important. We cannot, however, transfer the details to our columns, but must refer to the article alluded to for these. We were particularly interested in the fact that the *motor, sensitive and mixed* nerves are capable of being distinguished, and their separate properties demonstrated, after death, by means of the electrical current. This method of illustration will, therefore, we hope, supersede the cruel experiments which have been hitherto, especially in France, practiced, without remorse, on living animals. These gentlemen have ascertained, that when the sensitive or posterior roots are separated

from the spinal cord, no muscular contractions can be excited by the current, whatever be its direction—thus showing that they are destitute of any motor properties. They have, also, shown that the posterior columns of the cord are entirely devoid of a motor function, while the anterior are exclusively motor.

With reference to the therapeutic uses of the electric current, the deductions which they draw from their researches are as follows: Paralysis either of motion, or sensibility, or both, constitute the maladies for which it especially deserves to be tried. They also propose it as a remedy for tetanus, and give one case in which it produced a temporary alleviation. The rationale of its operation in the latter affection, seems to consist in the production of paralysis by powerful shocks, or an uninterrupted current, and, in this way, the removal of the tetanic condition of the muscles.

In its application, two electro-physiological facts are to be kept in mind. The first is, that an electric current, if transmitted through a nerve for a certain period of time, destroys the sensibility of the nerve, or, in other words, paralyzes it. If allowed to remain in repose, the nerve, after a certain interval, recovers its excitability. But it has been ascertained by Matteucci that the excitability may be restored in a much shorter period by passing a second current through the nerve in the reverse direction. The second fact to be borne in mind is, that if the nerves of a living animal be submitted to the passage of the electric current, repeated at short intervals, tetanic contractions are excited; and if the experiment be continued for some time, the nerves entirely lose their excitability."

"These are the facts," says Matteucci, "which, independently of all theory or hypothesis, should guide us in the therapeutical application of the electrical current to palsies. We have seen that to restore the excitability to a nerve which had been deprived of it, by an electric current, it is requisite to conduct the current in an opposite direction. Hence, to cure the paralysis, the current should be passed in a contrary direction to that which has produced it. In a paralysis of motion, the inverse—centripetal—current should be employed; while in paralysis of sensation, the direct—centrifugal—current should be used. In paralysis both of motion and sensation, there is no reason to induce us to prefer one current to the other.

Theory, also, teaches us a rule in its application: never to continue the current too long, lest we augment the disease we wish to cure. The more intense the current, the shorter should be its duration; and as we have seen that the passage of the electric current in the nerves repeated at short intervals of time considerably enfeebles their sensibility when continued for a long time, we must take care and not pass from one extreme to another. Theory advises us to apply the electric current of an intensity which should vary with the degree of the malady, and continue its passage for two or three minutes, at intervals of some seconds. After these two or three minutes, during which we shall have communicated some twenty to thirty shocks, we should leave the patient at rest for some time, and then renew the treatment."

Case of Placenta Praevia treated by Prof. Simpson's method, by J. Jones, Esq. We find the following in the New York Medical Intelligencer, quoted from the London Lancet. We should be glad to have a report of the adoption of this method by some of our friends, should any meet with a case of placenta praevia favorable for its application.

"I was summoned, on the 14th of March, to a poor woman in labor with her sixth child, who was represented as having profuse hæmorrhage, which had continued almost uninterruptedly for about four hours. On my arrival, I found my patient in a most precarious state from exhaustion, with a pulse averaging from 130 to 140; she was almost speechless, slightly delirious, and there was no uterine action. There was then no hæmorrhage. I was informed she had had repeated slight attacks of hæmorrhage for six weeks previously. Having rallied her with twenty drops of tincture of opium combined with weak brandy and water, I proceeded to make an internal examination. Before I could exactly ascertain the state of the parts, I was deluged with a frightful gush of blood. The os uteri was fully dilated, the membranes entire, the presentation of the head natural; and the placenta covered nearly two-thirds of the os uteri. The hæmorrhage persisting, and there being now considerable uterine pains, I saw no time was to be lost. I accordingly, and without the least difficulty, insinuated my fingers between the adherent portion of the placenta and the uterus, and in less than a minute, the latter was freed of the placenta. I now administered a full dose of the tincture of ergot, which brought on strong expulsive pains, and the woman was delivered of a still-born child in one hour and thirty-five minutes after my entering the house. After the placenta had been extracted, I do not think she lost altogether, more than a teacupful of blood; she recovered as soon as females generally do after an ordinary labor, excepting that she continued unusually weak for a considerable time, as was to be expected after the great loss of blood. She had one similar labor before; the child was then turned with great difficulty (her pelvis not being capacious,) peritonitis ensued, and she very narrowly escaped with her life, after a confinement to her bed of more than two months."

Our Exchange Journals.—One of the most agreeable circumstances connected with our editorial undertaking is the courtesy which has been extended to us by those already engaged in this department of medical effort. Our brethren of the *corps editoriale* throughout the Union, with but one or two exceptions, have honored us by exchanging; an act of courtesy, which, for obvious reasons, delicacy required, should be entirely unsolicited on our part. But in addition to this, nearly all have taken occasion to express their friendly feelings and wishes in a way which claims our especial acknowledgements. We beg to assure them that we appreciate their kindness, and fervently trust we shall not disappoint the favorable expectations which they are pleased to express.—There is one point of view, however, in which the favors of our contemporaries occasion us not a little dissatisfaction. We find constantly in our exchange journals a variety of matter, of which we desire to avail ourselves for the gratification and advantage of our readers, but which our contracted limits compel us to forego. In view of this difficulty, we look forward with impatience to the commencement of a second volume, when we hope to feel authorized to enlarge our journal sufficiently to do better justice to the sources of valuable and interesting information to which we have access. In the mean time, we propose to introduce to our readers, the Journals, severally, which we receive, with some remarks thereupon; and as it is far from our plan to wish to supersede others, even within the range of our immediate neighborhood, we trust that in so doing we may contribute somewhat to extend their circulation. Members of the medical profession are not, we fear, sufficiently alive to the importance of cultivating and encouraging medical, periodical literature. In neglecting this department, we sincerely believe they are not only impolitic as regards their individual interests, but the

effect is to limit the usefulness of one of the most efficient means of elevating the character and improving the condition of the profession—but of this topic we shall speak at some future time. In pursuance of the plan just mentioned, we proceed to notice in this number the *American Journal of the Medical Sciences*.

This periodical is published quarterly, each number embracing at least 264 large and closely printed pages. If we mistake not, this is the oldest Medical Journal now extant in our country. It has been in existence 26 years. It was edited formerly by Prof. Chapman, so long the distinguished teacher of medicine in the University of Pennsylvania. For many years past it has been under the editorial charge of Isaac Hays, M. D., in whose hands it may be said, without invidiousness, to have become the most prominent representative of American, medical, periodical literature, both at home and abroad. It embraces original communications from members of the profession in every portion of the country; analytical reviews, and bibliographical notices; and a compendium of medical intelligence gathered from the periodicals of different countries. In addition to the well known industry and ability of its accomplished editor, it receives assistance from a large number of collaborators, who are among the most eminent in the profession. The long established character of this work renders it supererogatory to enter upon any eulogiums addressed to medical men.

Aside from the quarterly publication, a monthly is connected with it, of 32 pages, devoted to general medical intelligence, and the republication of standard works. The latter is sent gratuitously to those who subscribe for the larger periodical, the terms of which are five dollars per annum. It is published by the well known medical publishers, Lea & Blanchard, Philadelphia, Pa. [TO BE CONTINUED.]

Medical Remembrancer, or Book of Emergencies; in which are concisely pointed out the immediate remedies to be adopted in the first moments of danger—from poisoning, drowning, apoplexy, burns, and other accidents: with the tests for the principal poisons, and other useful information; by Edward B. L. Shaw, M. R. C. S. &c. revised and improved by an American Physician; Published by Samuel S. and William Wood, New-York, 1845.

The above title page is sufficiently comprehensive to denote the purpose and scope of the work. The author intimates in his preface that it is to be carried in the pocket and consulted as emergencies arise. We do not coincide with him in the propriety of this; but we think the practitioner will find it useful to have a work of this description lying upon his office table, with which occasionally to refresh his recollection of those matters which he may at any moment wish to call into requisition, without much time for premeditation. In this way, this little volume will fulfil an useful purpose in so far as it goes. Its utility would be greatly enhanced, if it were somewhat more extended.

Monograph on Strabismus, with cases, by Frank H. Hamilton, Professor of Surgery in Geneva Medical College.—This is a brochure of 72 pages, 18 mo., just issued from the press of Jewett, Thomas & Co. of this city. The first half of the work embraces a concise account of the pathology, etiology, anatomy and the surgical operation. The remainder is devoted to the general results of the operation, and a collection of cases from which these have been deduced. The latter will be found especially valuable. Prof. H. has taken great pains to preserve records of all the cases in which he has operated, and to obtain in each instance, accurate information respecting the permanent result, after a sufficient time has elapsed for this to be determined. The operation for this affection appears to have passed through the two extremes which appertain to the history of most new methods. It was first practised with too much confidence in its general applicability, and is now, perhaps, underrated in this respect. An accurate collection of cases, after the manner which Prof. H. has pursued, will establish its actual value upon a reliable and durable basis. We think the facts presented in this little work will contribute, in a considerable degree, to aid this desirable object.

Treatise on Hare-lip, by Dr. S. P. Hullihen, of Wheeling, Va.—This is a pamphlet of 12 pages, for a copy of which we are indebted to the author. His object is to recommend the application of adhesive plasters sufficiently broad to cover the cheeks, connected with straps passing over the lip, to remedy the cleft in the alveolar and palatine arches when this occurs as a complication of hare-lip. He states that if this measure be adopted soon after birth, the bones are brought readily into apposition, and the deformity removed. He adopts the same means to secure union of the hare-lip after operating in the usual way.

Injury of the Head without fracture of Skull—compression of the brain from effusion of blood—Trepining—Recovery.—Under the foregoing caption, we find in the Illinois Journal for Oct. 1845, a report of a very interesting case by our friend and former colleague, D. Brainard, M. D., Prof. of Surgery in the Rush Med. College. Our limits only enable us to give a condensed abstract. The patient after an injury by blows with a stick upon the head, gradually became comatose, for which, bleeding, and other measures were pursued without relief. Dr. B. being called at this juncture, found, on shaving the head, that no marks of the injury existed upon it, except one, very slight, just at the superior angle of the os occipitis. He decided to apply the trephine, and in determining the most suitable location he was guided by the two following circumstances: 1st, it was ascertained that entire loss of motion, and partial loss of sensation existed on the right side of the body: 2d, we quote his language, "repeated observation has shown us, that when the members of one side are paralyzed from an injury, it is when this has been inflicted upon the central, or superior parts of the opposite hemisphere of the cerebrum. It is known, also, that extensive effusions of blood from such causes most frequently take place from the middle, meningeal artery, or some of its principal branches." "Guided by these facts, we determined on trephining an inch above the left ear, and a little anterior to it."

On removing a circle of bone, a coagulum instantly protruded. "Pieces of this were removed with the finger, until several ounces had come away." Consciousness, and power of motion over the right side returned directly after the operation; his recovery was rapid, without any unfavorable symptoms.

The case is certainly highly creditable to the ability and surgical tact of Dr. Brainard. The principles which determined the selection of the spot upon which to apply the trephine, should be recollected.

Carbonate of Lead in Burns and Scalds.—Prof. Gross, in the Bulletin of Medical Science, and Western Journal of Medicine, recommends in strong terms, the carb. of lead, or common white paint, in burns and scalds. It should be made quite liquid with linseed or olive oil, and applied by means of a camel's hair pencil brush, or a soft linen mop. He also has found it useful as an application to irritable blisters, superficial ulcerations, excoriations, chilblains, &c. In connection with this, we would state that we have found the common red lead, made into a paste with linseed oil, an excellent application to the ulcerated legs, so common in alms-houses, and among the intemperate poor.

Medical Fees, No. 3.—Our contemporary, the St. Louis Medical and Surgical Journal, in some remarks on this subject, indulges the following *jean d'esprit*, which we quote, as an equivoise, to succeed the two articles we have written on the same topic. "A fee inspires the practitioner with confidence in himself, and faith in his remedies, which is almost as important as the exercise of faith on the part of the patient—An eminent English physician once remarked that he never felt of his own pulse, nor looked at his tongue in the glass, without unconsciously slipping a guinea from one pocket into the other! Let those, therefore, who wish to derive the full benefit of a physician's advice, bear in mind the necessity of a fee." This is an *argumentum ad hominem* which we should be glad to have our patients appreciate.

Medical Legislation.—On this subject, the Editor of the New-York Journal of Medicine, remarks as follows in an article advocating the proposed National Convention. "In our opinion it belongs legitimately to the general government to regulate the qualifications of those who undertake the practice of the healing art in the United States, and we find the authority conferred in that clause of the Constitution, which confers on it the power of "*providing for the general welfare*"—for if the practice of medicine is not connected with the "general welfare," we know not what is. Indeed, the government has already taken this power into its own hands in granting patents for certain modes of practice, as *Thomsonism*, and a great variety of quack pills, mixtures, and other secret preparations; we now go for an extension of its jurisdiction, and thus providing some general scheme for the education and licensing of medical men similar to that now in contemplation by the parliament of Great Britain. In no other way, in our judgment, can the desired reforms be brought about. In no other way can an uniform system be carried into operation throughout the entire Union." No. for Nov. 1845.

✍ To Readers and Correspondents, &c. see cover, next page.

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Notes of an European Tour...No. 8.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

ITALY.

I saw also in the "Ospedale Maggiore" a number of cases of the "Lepra Tuberculosa," the Tsarath of the scriptures, or the Greek Elephantiasis, differing wholly from the Arabian Elephantiasis, or any other form of disease I had ever seen. I supposed this disease peculiar to tropical climates, and was surprised to find so many cases in a latitude so far north. I did not see any suffering from the last and most horrible stage; the stage of ulceration, sloughing, &c., but there were specimens sufficiently hideous; from a few brownish knobs scattered upon different parts of the face, to a total disfigurement and obliteration of all the features. The patients were generally able to sit up and converse, yet their spirits were exceedingly depressed. Like Pellagra it is generally incurable.

In the surgical wards I found several cases of fractures, and generally the straight splints were employed: the dressings, simple and light. A case of fractured clavicle, I was pleased to find secured by a sling, axillary pad, and a single roller; a practice, the superiority of which to the complicated bandages of Desault, is now very generally admitted; indeed, I do not recollect to have seen Desault's apparatus applied since I have left home. Another fact which I now recollect to mention, is, that here, as elsewhere in Europe, where the straight splints are employed for extension and counter-extension, very moderate force is applied, much less than I have been accustomed to see used at home; and I have never seen those ulcerations produced by the extending means, which an opposite plan is so liable to produce. Continental Surgeons seem to understand that nothing is gained by violent extension but ulceration! Through Dr. Capelli, I enquired of several patients if the extension was painful, and they uniformly replied that it was not.

The Alms House of Trivulzi is a private charity, founded in 1771, by Prince Antonio Trivulzio, who not only made a liberal endowment, but gave up his own palace for the hospice; since which time it has received additional endowments, and the building has been much enlarged. It is a strange feature in the religious character of Catholic Europe, that while both noble and king combine to oppress and rob the poor, they are constantly found endowing public charities of all kinds with a princely mu-

nificence, of which we can scarcely conceive. The hospitals and hospices in these countries, are every where upon a most magnificent scale, and their income often immense—and yet the streets, and highways, and churches are forever thronged with miserable beggars. None are admitted at Trivulzi but those who are over 70 years of age. The number is now nearly 600.

Having procured a “*claesse*,” and a *cicerone*, we drove through the fine “*corso di porta orientale*,” to get a view of the ancient lazaretto just without the eastern gate. It is an immense building, enclosing a square court, being one mile in circumference. We could not get admission, which I regretted the more as its history is associated with that of the plague, and its vast and crowded cloisters have witnessed some of the most thrilling scenes of human misery. It is now unoccupied.

From the Lazaretto we drove to the Duomo, next to St. Peters Church in point of size, and the most elegant and impressive gothic Cathedral in the world. I have already disclaimed all intention to edify you with architectural descriptions, and in pursuance of my determination shall only add that it is built of the finest white marble, is covered with a forest of richly wrought pinnacles upon which already stand 3000 statutes, and 1500 are yet to be carved and erected. Ever since the first stone was laid, in the year 1386, some portion of the scaffolding has been standing, “and the sound of the mallet and the chisel have never ceased.”

Within, all is rich and solemn, grand and impressive. Beneath the church is the “*scusolo*” containing the sepulchral chapel of the patron saint Borromeo, whose body may be seen enclosed in a gorgeous golden sarcophagus inlaid with silver; he is clad in his full pontificals, and his dry and mouldering face gives a ghastly look from underneath his gilded mitre. Around the shrine are suspended a great variety of gold and silver jewels, which are the votive offerings brought to the saint by those whom his intercession has cured of diseases. I thought that while the dead saint was reaping a golden harvest for the benefit of the living priests, the physician, to whose skill alone the recovery was due, probably never received, perhaps never asked, a farthing—more of this anon.

Returning to the upper church, the guide pointed to a reliquary hanging above the altar, “which contains,” says he, crossing himself devoutly, “one of the nails of our Saviour’s cross!”

From the Cathedral we drove through many of the principal streets, called “*corsos*,” some of which seemed a continued succession of palaces, and might well entitle Milan to its ancient epithet “*la grande*,” and having given a passing inspection to Napoleon’s triumphal arch, the ampitheatre, the celebrated opera house La Scala, the latter of which I saw again in the morning most brilliantly illuminated, I returned to my Hotel to discuss an excellent dinner, and ruminare upon all I had seen in the now capital of the Austro-Italian dominions—under Napoleon, the capital of the Kingdom of Italy, and the place which, in the days of Knighthood, clad in steel panoply half the knights of Christendom. “Well was he armed from head to heel, in mail and plate of Milan steel.”

Leaving Milan from the south west, we came along the northern bank of the great “*naviglio*” or canal, which reaches from Milan to the river Ticino at Pavia, a distance of 20 miles, and which commenced many centuries since, was completed by Napoleon during his occupation of

Italy. On each side the country stretches out in a wide and uninterrupted level, intersected only by occasional ditches, made to drain off the water, which, whenever the rains are considerable, settles in a broad lake over a great portion of the meadows. The soil, although humid, is exceedingly fertile, yielding often two or three crops of hay in the year; but rice and corn are the principal products. As might be expected from a soil so moist and fertile, miasmatic fevers abound, with a considerable proportion of pellagra, dropsies, &c., and the peasantry whom I saw along the road, presented generally an unhealthy appearance—they were *always* wretchedly clad!

The ancient fortress of Binaseo is near the road, half way to Pavia; it is remembered as the castle of the cruel and superstitious Duke Filippo Maria, who, instigated by an unjust jealousy and certain astrological signs, caused his wife, the beautiful Beatrice, to be placed upon the rack, and afterwards beheaded on the night of the 13th of September, 1418. A few miles beyond, we were pointed to the plain upon which Francis the First, in 1525, was, after a most fierce and bloody battle, made prisoner by Charles the Fifth. Terminating an avenue, some distance from the road, rises the vast and gorgeous Monastery erected by the pious zeal of the murderous Galeazzo, who hoped to expiate his terrible crimes by building a temple wherein to stall and fatten monks. It was from an upper room in this monastery that Francis the First, then a prisoner, wrote to his mother, "all is lost save honor."

Pavia! Pavia! suddenly exclaimed my only companion, a Genoese Merchant, as we drove under a heavy stone gateway, and began to thunder through streets dark, and scarcely wider than the Vettura, turning again and again as if threading a labyrinth. It was a cold, raw, rainy day, the rain, a Lombardy rain, and the wind, a Tramontane! and we had shut ourselves up closely within the Vettura and crept snugly within our cloaks; and dreaming only of a warm dinner and a blazing fire, I paid no farther attention to my friend's announcement than to nod my head in assent. At length after a final and unusually noisy cracking and flourishing of the whip, by both postilion and vetturino, we drew up to the "Grande Albergo della Lombardia." But I have learned never again to put trust in a name, for a more filthy, cold, and comfortless looking place never vexed a shivering traveller. Italian Inns, with their large airy rooms and stone floors, and light faggot fires, are sad trials in such weather for the classic romancer, as well as tempers of foreigners. Let no one who journeys for either pleasure or health, travel in Italy, especially the north of Italy, in winter or spring. I would rather endure a whole winter of Canadian storms, than one week of a wet tramontane, relaxed and enfeebled as the body often is by the preceding days of hot sun and sultry southern winds, and accompanied, as they always are to the traveller, with an entire absence of even the *necessary* in-door comforts.

We had had only two hours by agreement to remain, one of which I was compelled to lose in fruitless attempts to get warm, and in swallowing a mawkish soup, a piece of boiled hen, bad wine and stracheno cheese; a piece of Sardinian ham only was excellent. For two things the petty tyrant of Sardinia shall be praised—for his fine breed of hogs, and his anchovies! If I love him for any thing else I will tell you.

One hour only was therefore left me to see Pavia—Pavia, the city of 500 towers—the ancient Capitol of the Lombard Kings—the second imperial city of the Lombardo Venetian States—one hour to see its great University where taught Spallanzini, who frightened the poor superstitious peasantry of Lombardy almost into sending him to the inquisition—where Fontana lectured, and Volta *electrized* his auditors—where Frank and Scarpa lived and labored. Here was work enough for one hour! Sheltered with my india rubber coat, cap and umbrella, I sallied out with a commissionaire, exciting every where as I passed, as much curiosity as if one of the ancient leathern clad Lombards had appeared among them; the boys ran after me, the men stopped and looked, and the women laughed—*en passant*, the black silk veil which the Pavian women wear almost universally upon their heads, an ancient costume, gives them all a peculiar, widowed appearance, not altogether uninteresting.

The University buildings are extensive, and I could only *run* through them, stopping a moment to read upon a couple of marble monuments in one of the courts, the names of Fontana and Spallanzini. The anatomical museum is smaller than I had expected to see. One vascular preparation of the arm was shown me, in excellent preservation, prepared by Spallanzini himself. It could not be bought, nor indeed was there any thing with which, for money, the custode would part. Authorized to make anatomical purchases for Geneva, wherever those having value can be obtained, I have looked every where among private and public museums most zealously, and have been surprised thus far to find none which can be purchased. Wherever good preparations are found they are valued, and being generally the property of well endowed establishments, they are not compelled to, and will not part with them.

The number of students now attending I have forgotten—it is not large: the term of study is five years.

The hospital where Scarpa labored I did not see, but I learn that it is small and uninteresting.

In my rambles I passed the ruins of the castle in which Petrarch once lived, and caught a few glimpses of some of those very tall and curious looking stone towers, which were first used for purposes of defence; their number, once said to be 525, is now reduced to four or five.

The river Ticino washes the eastern wall of Pavia, soon after crossing which we were upon the banks of the classic Po, a broad and majestic river, winding between low and marshy banks, which are often flooded to many miles in each direction. The bridge is called a “pont volant”—flying bridge,—being composed of flat boats fastened to each other, side and side.

A few miles beyond we drove through Casteggio, whose fortress was considered in ancient warfare impregnable, but was delivered over to Hannibal by the traitor Dasius. Under its walls also was fought in 1800 the famous battle called the battle of Montebello, in which Napoleon gained a most signal victory.

At Voghera we entered Sardinia, ten miles beyond which we passed through Tortona, one of the most ancient cities of northern Italy. To the right of Tortona lies the plains of Marengo! a bloody and memorable field.

Sleeping at Novi, we commenced at 6 o'clock the ascent of the Appennines. The road is smooth and the rise gradual, the horses often trotting a mile at a time. At midday we had crossed the summit and were beginning our descent upon the southern slope, with the Mediterranean and "Genoa the superbe" in full view.

Medical Quackery.

Communicated for the Buffalo Medical Journal, by WM. TREAT, M. D.

At a time when square feet of parchment, called diplomas, a term now nearly obsolete, were exhibited to solve the inquiry, "what is quackery," it could thus be easily answered. The *spirit* of the inquiry has not so much changed since then, we apprehend, as this answer has lost its significance. With this lost, however, the query takes new form, and with this form comes increased difficulty in framing a reply. Yet, for an answer the intelligent of community still call, as aid in determining who is the truly scientific physician, deserving in all respects their confidence and trust. That this difficulty is increased much, very much, by the profession itself, and with it the prevalence of quackery, we hesitate not to say; and that, in the first place, by the reception of students, deficient, often sadly deficient in an elementary and preparatory education; students serving as economical office attendants, and from their number giving consequence to the physician, like retinue to royalty. This system of student-making advances to physician-making, when acted upon by our medical institutions in their strife for numbers, as upon these, the fame of the institution is based, and the result sought, is attained, viz: pecuniary gain to its Professors. But the evil rests not here; to the show of numbers in catalogue, a large list of graduates, diplomated in each half year, is superadded, and these embodied in annual announcements, serve as home appeals to the feverish hopes of the aspirant for diplomated honors, since from these lists he is led to infer the *facile* of graduation, a consummation, too often, of all ambition.

With such evils attendant upon the system of granting diplomas, what can be said of another evil which is fostered by States, by Counties, and by Counties' Deputies, which, like recruiting officers, drum up students, be they well or illy qualified, and enlist them under the banner of those presumed in the true faith, and this by nominal examinations, made perhaps during the hurry of professional business; and, be the applicants few or many, they are speedily passed upon, accepted, duly enrolled, and sent abroad under official sign manuals to be jeered at for their incompetency, often by those very individuals who have overlooked their individual responsibility to the profession, and to the public, when called upon to decide in their collective capacity.

The results of such proceedings are daily apparent. To be a student in medicine has come to be no evidence of revolt from the dominions of duncedom—to be a graduate, no evidence of freedom from quackery, for such has been the rapid increase the past few years, of such illy qualified practitioners, the *profession* is nearly lost, like good wheat, by being mixed in the mass of dwarfed kernels, and excess of chaff; or, for want

of an institution to serve as a refiner's fire to separate, by assay, their real value; in other words to ascertain, not who has the greatest, but the smallest modicum of knowledge with which he may be tolerated as a practitioner; for this, and this only, is all that we can reasonably expect diplomas to set forth, unless they differ in kind, as is the case with academic degrees.

In passing over the length and breadth of the land, where shall the mind rest upon such an institution? That each set forth claims—that many have merit, we do not question. But what has the community, the profession, even, as surety that their professors are capable to teach?—Have they passed any public ordeal, any professional ordeal of examination? Have they earned a reputation by experience in practice of the profession? Have they walked the rounds of a hospital, even for appearance's sake, to say nothing of a fitting time? Have they moral qualifications requisite to set aside all personal friendships, or even to refuse all expected pecuniary reward of present graduate's, fee, or remote, by show of the large list sent forth in the annual announcement? Let the most partial graduates of each institution answer. But diplomas from foreign institutions are sometimes offered in testimony of ability as teachers and practitioners. Of the mode in which they may be obtained in Great Britain, we need not detail after speaking so freely of those in our own country; for from that country we have the models from which our institutions are framed, omitting some of their most offensive measures, viz: that power conferred upon the Archbishop of Canterbury to bestow medical degrees at pleasure;—the bestowal of medical diplomas upon those who reside at Cambridge or Oxford College two years, on the payment of a few pounds sterling, and on condition they practice out of the larger towns. Nor are we aware that in this country competition has ever been so active as that at "Marischal College" (in Aberdeen, Scotland,) with its rival 'Kings,' where the degrees in medicine were offered to academic students gratis! For this reason, in passing review, we would add, it is, that the profession should, and do generally feel called upon to refuse fellowship with all those who present diplomas from Europe, until they shall have subjected themselves to an examination in this country, aside from the uncertainty that the holder may not be the person for whom the diploma was originally designed. To this examination, therefore, no physician who has the reputation of his profession and the weal of the community at heart, can reasonably object, be his standing abroad what it may. If qualified, he certainly can suffer nothing in the trial, and may thus certainly be helped onward unincumbered by that suspicion which frequent deceptions from such sources, now naturally attaches to all.

But to return:—the lamentable prevalence of quackery, we repeat, originates in a great degree in the profession. The prevalent opinion, naturally enough formed, is, that students are fitted for practice by the instructions of those in whose offices they are found, thus judging, as of public and private teaching in any other educational department. Herein that opinion is ignorant of the custom which obtains among the profession, and is almost universal, viz: of simply placing books before the student, however illy he may be prepared to analyze them; and the time of study—three years—is suffered to pass without farther care on the

physician's part, often no recitations being had, nor oral instruction given.

At Medical Colleges, also, this is true of recitations, for "taking the quiz," cannot be considered a recitation—and if the student have memory sufficient, or has been "crammed," as the phrase is, he passes an examination, which, in many institutions are completed in an hour! In such a state of things the answer to the query, "In what consists Medical quackery?" must necessarily be difficult to frame. But we would not leave the subject without an attempt; we answer then, it is a pandering to the gullibility of human nature; an issue of base coin so tempered as to deceive the inexperienced by its sound, its jingle.

Who then is the quack? He who moves in words or manner, in person or by deputy, to convey an impression of merit beyond the consciousness of his intrinsic worth. Specifically, he who by horse, or on foot, runs to and fro pretending to be busiest of the profession. He who stoops to self-commendation, directly or indirectly, vaunting of opportunity enjoyed for study, gossips of cases, of want of rest, and sleepless nights, or suffers this to be said of him by kith or kin as part of machinery working to increase of capital, or makes a partnership affair by jackall appliances, preying upon spoils filched by the one who stoops where the other partner could not. He who flourishes in the use of one of the most difficult of all instruments, the stethoscope, pronounces off-hand in cases in which all sense, including common sense, knows repeated and patient examinations are requisite: who makes the smallest operations *capital* ones, builds upon them, magnifies them, in short, does what a conscientious man could not. Such, is the quack. Diplomas of parchment cannot make him otherwise, for the stamp upon metal makes not the coin golden: *brass* is known to take the lettered impression equally well, and with the mass may pass undetected.

Thus it will be seen that the quack *without*, may be found often in grade even with the well-to-do *in* the profession. Indeed it is very difficult to tell where the 'regular' and 'irregular' touch palms, since the veriest charlatan may rise in mental endowment above the obtuse or torpid licentiate, pillowed upon his scroll of parchment. The remedy for this condition of things we have somewhat foreshadowed and may not now speak, warned as we are, that if necessity demands free utterance, knowing neither metes nor bounds, such is not the case with the limited pages of this Journal. We have felt driven to speak with much stringency, more, perhaps, than the existing state of the profession to the kindly reader would warrant. Were we not addressing the profession we should say much in mitigation, much laudatory of the honorable course its members, many of them, have pursued in these portentous times. But while we reprove the evil, we trust that what we have written will not be construed into a want of perception of the good, but on the contrary urge to a greater emulation for its attainment.

BUFFALO, June, 1845.

REMARKS BY THE EDITOR.—The writer of the foregoing has intended to satirize defects and malversations appertaining to medical education and professional conduct, which, however mortifying the acknowledgment may be, it must be confessed prevail to a lamentable extent. The ranks of the profession are crowded with members who

are sadly deficient in preliminary and medical acquirements, as well as in those enlarged views and elevated sentiments, which are associated with the duties and relations of the position which the practitioner, from the nature of his calling, should occupy. There is, unfortunately, no occasion to adduce arguments or illustrations to confirm the correctness of this assertion. It is, alas, a fact but too apparent to every competent observer. But the great question which concerns us in view of this fact, our correspondent has deferred. This question is, *what is the remedy?* Is there any method by which present evils can be corrected, and the improvement so much to be desired, effected? This is an inquiry which it behooves us to ponder, and which we doubt not occupies at the present moment the earnest thoughts of many who have the honor and usefulness of the profession at heart. What is to be done? We cannot look to legislation. We cannot depend on the public in any mode to originate a movement toward a better condition of things. Our only dependence, the dependence of the profession; in other words, is upon itself—upon ourselves. No other mode at present suggests itself to our minds, but to unite in an organization, and originate a tribunal of some sort, competent to take cognizance of the qualifications necessary to constitute an approved member of the medical profession. This tribunal should secure uniformity of qualification throughout our country. It is needless to add, that it should be independent of all extrinsic influences, and ever vigilant to protect the character of the profession. To form such a tribunal, and to give to it the needed moral force, no powers delegated by legislation are necessary. If sustained by the united voice of the well-informed and honorable members of the profession, the potency of the public *will* would follow, to give it efficacy and permanency. Diplomas and Licenses, which have degenerated into mere nominal insignia, would be compelled to become subordinate to its decisions. The limits of the profession would be defined, and each member would to some degree, represent its true character. It is far otherwise now! We throw out these remarks as suggestives to reflection. We may possibly continue the subject in another number. It is a subject immensely important, and one which at the present time should not fail to occupy the thoughts of the profession. A national convention, it is hoped, is soon to take place, when the incipient steps of some method of reform may be taken. We give the ideas which recommend themselves to our own judgment; but we are not wedded to any particular plan, and shall be glad to have an opportunity of comparing our views with those of others.

Letter from Accoucheur.—No. 4.

For the Buffalo Medical Journal.

At the commencement of my last letter I remarked, that the presentation of the foetus in parturition may be ascertained, generally, very early in labor. The following cases may serve as illustrations of some of the difficulties which the practitioner may occasionally meet with.

I attended Mrs. G. in labor. The waters had already discharged themselves, and on examination the os uteri was found fully dilated, disclosing without question, a breech-presentation. As the pelvis was capacious, and the pains were effective, the labor was left to nature. After some hours of unlooked for delay, touching, occasionally, to note the progress of labor, I was not a little surprised to find a tongue protruding from *what I had considered the distinctive mark of a breech presentation.*—

This occurrence gave quite a *new face* to the affair. Nevertheless, in a short time the child was expelled by natural pains.

I had often repeated this anecdote to my familiar, professional friends, and many years afterward, my old and respected neighbor, Dr. H., called me to a very lingering case of *breech* presentation, in a young woman with narrow pelvis, in labor with her first child; and he jocularly said—"no mistake, there is no tongue here." It turned out, on examination; however, to be a *face* presentation—and the delivery of a dead child was effected after some difficulty, with the forceps. It seemed that my old friend, in his too eager search for a tongue, had converted the *fœtus* into a young Cyclops.

Dr. —, sent for me after having been in attendance on a young woman, in labor with her first child 36 hours. He told me the waters were early discharged, the os uteri fully dilated, and the pains were regular; forcible, and strong. To my enquiry, "what is the presentation?" he frankly replied, he did not know. With something like a sneer, I expressed my surprise, as he had had much experience, and was a successful accoucheur. After a careful, close, and critical examination, I was constrained to make the "honorable amend," for I could learn no more than that the pelvis was filled with a globular tumor which obviously contained *bones*. Possessing ourselves of a patch of the external covering of the tumor, it proved to be scalp, and with a pocket knife instead of a trochar, we punctured the tumor, and drew off between two and three pounds of water. The tumor collapsed, and the *fœtus* was expelled by natural pains, presenting the remains of an enormous head, with shrunk and shrivelled members.

It is somewhat extraordinary that, excepting in one other case of hydrocephalus—though I have known it done many times by my professional acquaintances, I have not found it necessary in 40 years, from malformation, distortion of the pelvis, or any other cause, to lessen the head.

October, 1845.

Needle found in the Heart of a Cow.

Communicated for the Buffalo Medical Journal, by J. H. BEECH, M. D., of Gaines, N. Y.

DR. FLINT: Sir—having recently become somewhat acquainted with you, through your excellent journal, I take the liberty of sending to you the following circumstances, thinking that the case may be rather interesting to yourself, if it be not worthy of any further notice; of this you must judge, and please use it as you think proper.

About four years ago, Mr. Jas. Mather, of this village, requested me to examine the body of a cow which had just died, being in very good flesh. He had owned the cow about two years: she had been sick at short intervals during most of the time, and recently had appeared to be distressed for breath. I found in the pericardium two or three quarts of thinnish, purulent, *acid* matter. In taking out the heart, my finger was pricked by what I found to be the point of a large darning needle. I think its track could be seen from the *œsophagus*; it seemed to have

entered the right ventricle just below the middle, had passed directly through, and was fixed across the left ventricle about through the middle, with the point sticking out on the left side 1-4 of an inch. There was slight hypertrophy of the walls of the ventricles; otherwise the organ appeared healthy. Some congestion existed in a small portion of the left lung. These were all the signs of disease which I saw; the weather was very cold, and I was unable to make as close an examination as I would have liked.

I have the needle now in my possession; it is very much rusted, but the eye is still entire.

This cow had been fed on "slops" by a former owner, but not while in Mr. M.'s possession. I think she must have got the needle in that way, and that it had been in the body for more than two years, and for a long time in the substance of the heart.

Very respectfully your ob't serv't

J. H. BEECH.

Gaines, November 23, 1845.

Distinctive characters of Remittent, Typhoid, and Typhus Fevers.

By the EDITOR.

Nosological classifications of fevers, and the nomenclature of this class of diseases, have been as mutable as the numerous theories respecting the intimate pathological perversions constituting the febrile state. *Inflammatory, putrid, adynamic, bilious, yellow, jail, nervous, malignant, petechial, congestive, ataxic, gastro-enterite*, and a host of other names have been at different times, and by different writers, employed to distinguish forms of this disease, their application being based upon circumstances ascertained or imagined, appertaining to their origin, location, peculiar complications, or visible appearances. It is easy to raise objections to each of these appellations, and, indeed, so long as the essential pathology of the febrile state remains unknown, so long will any arrangement and nomenclature be liable to be overturned and rendered obsolete by the ever-changing results of progressive, pathological investigations. The distinction between periodic and continued fevers, being founded on obvious facts, has been retained for a long time, and will probably be permanent; but the different varieties of the latter are still subjects of discussion, and the occasion for much difference of doctrine. The term *typhus* has been in use ever since the time of Hippocrates, to denote a variety of fever characterised by peculiar conditions of the mind and general powers, which are expressed in its etymology. From its appropriateness and long use, it is not probable that this term will be soon abandoned: moreover, modern investigations have shown that the variety of the disease which it is intended to express is very distinctively marked, not only by the cerebral symptoms and general prostration, but by other and peculiar phenomena. Heretofore its application was not so well defined as it is now. By Armstrong, whose writings until lately were deemed of the highest authority, its latitude was extended so as to embrace, by means of qualifying adjectives, a great proportion of the cases of *continued fever*. It has now become more limited, embracing only a

variety distinguished by peculiar symptoms, attended by a constant exanthema, and especially involving, as its remote cause, (in addition to contagion or infection) concentrated animal effluvia. It is exceedingly rare that an opportunity presents itself for witnessing specimens of true Typhus in this locality. It has fallen under the writer's observation in two well-marked instances, only, during the last ten years. In one of these it occurred in the family of an Irish emigrant who had recently arrived in this country. One of three children had been affected and died with it on their passage. The other two were attacked on their arrival in this place. The other instance occurred at the alms-house near this city in the winter of 1840-41. Four cases transpired there in quick succession, under circumstances which rendered it almost certain that the origin of the disease was due to the malaria engendered by close congregation of the inmates of the house in unventilated apartments. These cases were reported for the Boston Med. and Surg. Journal, June 1841.

The term *typhoid*, as applied to distinguish a certain class of fevers, is of recent date, and is not recognised in this sense by all pathologists. It originated with Louis, of Paris, whose researches into the history and comparative phenomena of the fevers of the Parisian hospitals, may be said to have created a new era for this department of pathological science, and will remain an imperishable monument of unsparing industry, and professional zeal. The investigations of this truth-loving, talented pathologist, in themselves of great value, are still more valuable as furnishing a new point of departure, and giving impulse to a movement, which has enlisted the efforts of a multitude of co-laborers in different countries. Louis ascertained that the fevers of Paris were allied to each other by a certain uniformity of lesions, the most constant of which were disorganization of the glands of Peyer, and a softened condition of the spleen. The same disease, by those who believe it to be in fact a local affection, of which the febrile symptoms are symptomatic, has been entitled *Dothin-enterite* or *follicular enteritis*. After these minute and comprehensive investigations in France, it became an interesting and important point of inquiry, in how far the same form of fever prevails in other countries. The attention of Pathologists was soon directed to this point. In the British Islands it was found that in some of the cases of the, there so called, typhus fever, the descriptions of Louis were applicable, and in others they were not. Thence, it appears to be the prevailing opinion of British writers that the Typhus and Typhoid forms of fever are identical, but presented under different modifications. They do not generally acknowledge typhoid fever as a distinct form of the disease. In our country it has been ascertained by Jackson, Hale, Shattuck, and others of Boston, that the fever indigenous in New England, and known there as the common-continued, or autumnal fever, presents, in the phenomena before and after death, an entire similarity to the typhoid fever as portrayed by Louis. Gerhard, of Philadelphia, has also described a fever indigenous in that locality, identical with the typhoid; and, also, an epidemic typhus, which he traced to importation from England by means of the English immigrants arriving there, in which the characteristic symptoms and lesions of typhoid fever were absent. He regards the two forms of fever as distinctly separable; and having had abundant opportunities to study the disease as it presents itself abroad and at home, his

opinions are entitled to great consideration. Nevertheless, it is by no means regarded as settled by pathologists of this country, that the two forms of disease are intrinsically distinct. It is still a question *sub-judice* whether they are not one and the same disease, presented at different times and places under different modifications. While there is much weight of authority for the negative of this question, the numerical vote, we imagine, would be in favor of the affirmative.

We have extended these remarks farther than we intended when we commenced writing. Without entering into the controversial question just referred to, it had occurred to us that it would be acceptable to our readers to present a brief synopsis of the distinctive characters appertaining to the forms of fever distinguished as TYPHUS and TYPHOID, and also, those which belong to the common REMITTENT fever, as distinguished from both of the preceding. Whether we accept the doctrine which makes a specific distinction between the two forms, or that which regards them as varieties of the same species, there can be no doubt that the distinctions exist, and it is, to say the least, convenient to indicate this fact by different terms. The fever which generally prevails in this locality, is the common remittent, or, as it is miscalled, *bilious* fever. But there is reason to suppose that sporadic cases of Typhoid fever occasionally occur, and we are liable, at any time, to meet with this, or undoubted typhus in an epidemic form. Under these circumstances, it appears to us that there will be an advantage in having a synoptical view of these several forms of the disease which will admit of easy reference.

CHARACTERS DISTINGUISHING REMITTENT AND TYPHOID FEVER.

Typhoid.—Access is gradual: a week or more with podromic symptoms.

Remittent.—Access is generally sudden.

Typhoid.—Characterized by prostration and stupor ("typhoid symptoms") early in the disease.

Remittent.—The symptoms commonly called 'typhoid,' do not occur until quite late in the disease.

Typhoid.—Seldom a distinct chill, but only chilly sensations, which do not recur with periodicity.

Remittent.—Chills generally pronounced, and apt to recur several times with observance of periodicity.

Typhoid.—Diarrhœa one of the most constant symptoms; occurs early, and is apt to continue. Meteorism is generally present.

Remittent.—Diarrhœa only an occasional symptom. Meteorism of less frequent occurrence.

Typhoid.—Sordes of mouth, with low muttering delirium early in the disease.

Remittent.—These symptoms are not found until the latter part of the disease, and very often absent.

Typhoid.—Attacks subjects, almost invariably, under 30 years of age.

Remittent.—Shows no such discrimination.

Typhoid.—Cough and Expectoration (Bronchitis) are generally prominent symptoms.

Remittent.—Of much less frequency.

Typhoid.—Rose, or red spots (*taches rouges*) occur over abdomen and breast, from the 8th to the 15th day.

Remittent.—Absent.

Typhoid.—Tongue is brown and dark.

Remittent.—Generally yellowish white. Nausea and vomiting are characteristic of its early stage; while they are less prominent, and often absent in Typhoid. The conjunctiva is frequently yellow, and the urine impregnated with bile. The skin is apt to be yellow or sallow. These symptoms do not occur in Typhoid. The mind, also, in Remittents, is frequently unaffected; very rarely so in Typhoid.

Typhoid.—Subsultus frequently present.

Remittent.—Rarely.

Typhoid.—Occurs rarely before November, sometimes in the latter part of October.

Remittent.—Occurs especially in August and September; unfrequent in October, and rarely afterward.

Typhoid.—Contagious and infectious.

Remittent.—No evidence that it is either.

Typhoid.—Presents after death disease of the Elliptical Plates, or Peyers glands, the mesenteric ganglions, and softening of spleen.

Remittent.—Spleen may be softened. The other lesions mentioned, rare. Stomach and Liver almost invariably evince disease. (Stewardson.) A fact which often enables us to confirm our diagnosis of remittent fever at its close, or after the case has terminated, is this: It is very apt to resolve itself into an intermittent form; and, in a very large proportion of cases, individuals who have had remittent fever, experience an attack of intermittent within a twelve month after their recovery.—This fact may, also, serve to correct a diagnosis of Typhoid fever if it has been incorrectly made.

CHARACTERS DISTINGUISHING TYPHUS AND TYPHOID FEVERS.

The following is an abstract of the diagnostic symptoms distinguishing the two forms of fever above mentioned, presented by Dr. Gerhard, in his lecture on the subject, published in connection with the lectures of Dr. Graves, of Dublin. The descriptions are abbreviated as much as practicable. He classes the symptoms under 4 heads.

CEREBRAL AND NERVOUS SYMPTOMS.

Typhoid.—Loss of strength and prostration very early in the disease. Singing in ears, Vertigo, Epistaxis. Pains in head and limbs not so violent as in intermittent and remittent fevers. Chilliness, but not defined chill. Brain symptoms increase slowly. Delirium rarely entirely wanting; sometimes only at night.

Typhus.—Stupor prominent from the first. Patient becomes comatose at an early period. Delirium always of the still, muttering kind.

OF THE SKIN.

Typhoid.—Rose spots fewer in number, often only six or eight; rarely more than 30; rather larger, elliptical, and more elevated.

Typhus.—Exanthema extends over the whole body. Papulæ are rounded, varying in size from an imperceptible point to breadth of a line. Occurs on the 3d day. May continue 12 or 14 days—generally only 5.

ABDOMINAL ORGANS.

Typhoid.—Diarrhœa after a few days, a frequent, but not invariable symptom. Meteorism, or abdominal pains generally present.

Typhus.—These symptoms not present excepting as rare and accidental complications. Thirst more marked.

THORACIC SYMPTOMS.

Typhoid.—Some congestion of smaller bronchial tubes, which may pass into bronchitis, or pneumonitis.

Typhus.—Congestion different: apparently more dependent on the state of the blood, which obeys the law of gravitation—the dependent part always full of blood. Pulse more frequent. Eye more dull, heavy, and blood-shot.

He states the following general circumstances:

Typhus spares no age; prevails as an epidemic, extending by contagion, or direct propagation from an infected individual.

Typhoid, rarely assumes this character; rarely epidemic, and scarcely infectious, *excepting when prevailing epidemically*.

The medical physiognomy is very diagnostic, but difficult to be described.

To these it is to be added that the characteristic intestinal lesion of Typhoid fever, or, to use the language of Louis, its anatomical character, while it is essential to constitute this disease, is an infrequent complication only, in Typhus.

In view of the acknowledged ability of Dr. Gerhard as a pathologist, his extensive and peculiar opportunities for clinical observation, and the fact that he has advocated the doctrine of an essential distinction between these two forms of fever, it seems fair to conclude that he would submit as strong a contrast of diagnostic symptoms as will comport with a rigid adherence to an exact description of phenomena. The practical reader will perhaps be enabled from the preceding comparison to form an opinion whether the antithetic characters are sufficient to constitute a radical distinction, or whether they are not of so kindred a nature as to denote the same disease under somewhat different aspects. For our own part, we incline to the latter view, although we admit that the circumstances indicated, enable the practitioner to determine in most cases, without much trouble, whether the disease be more appropriately—agreeably to this classification—called typhus, or typhoid; and that it is convenient and useful to make the distinction. In short, while all must acknowledge that they are in nearness of kin,—cousin-germans—we are disposed to regard them as even more closely allied to each other, being, if not one and the same individual, at least pathological twin-brothers.

November, 1845.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Water Cure.—Confessions and observations of Sir Edward Lytton Bulwer.—We were beguiled into the purchase of a little treatise on the water-cure, by an announcement in the title page, that it was illustrated with the confessions of Sir Edward Lytton Bulwer. We were somewhat curious to read what a writer so distinguished for imaginative genius, poetic fervor, and eloquence of diction, would find worthy of his pen in the sanative attributes of water. We were disappointed, however, to discover that these “illustrations” constitute a very few pages only of the work, the remainder professing to develop the “philosophy of the water-cure, and the true principles of health and longevity.”

It is a reprinted London publication. With the body of the work we have nothing to do. The writer is evidently a medical man, and we will do him the justice to say that he displays a considerable degree of familiarity with medical authors. The style is also lively, and not without piquancy. We more than suspect, however, that the work was done as a job to suit a publisher's purpose, and we should not be surprised if the name of John Balbernie, M. D., which appears on the title page, represents a man of straw. A large portion of the ground work of the ‘philosophy,’ is taken from Liebig's animal chemistry, without very particular acknowledgment. The medical profession comes in, of course, for the stereotyped charges, which, although hackneyed, are nevertheless very efficient arguments in behalf of any new form of quackery.

The confessions of Bulwer claim more consideration, inasmuch as we are quite willing to believe that he is honest in his declarations. We are willing to admit that in selecting a public newspaper for his confessional, he was not actuated solely by that egotistical desire, sometimes witnessed, to be on close terms of intimacy with the public, and have one's name a constant theme of conversation; but that his confessions were dictated by philanthropy, or a sense of duty. We also see no reason to doubt that he has really experienced much advantage from adopting this system.—“Then you subscribe to the efficacy of water as a panacea for all the maladies which flesh is heir to,” exclaims the non-medical reader. To the medical reader, it is needless to say that this is not a legitimate conclusion from our admissions. A candid medical analysis of the ‘confessions’ renders it quite unnecessary, in order to have a rational explanation of the merits of the case, either to disprove the motives of the writer, or to deny the facts which are submitted. From the history itself, there is not the least difficulty in obtaining satisfactory insight into the philosophy of the magical effects which are there attributed to the influence of water; and it will be obvious to every medical reader of common observation, that medical science is in no wise compromised by the free admission that these effects actually occurred, making, of course, due allowance for the exaggerations incident to that fervent intensity, and hyperbolic quality of style which characterize the writings of Bulwer.

Divesting the narrative of all that is purely rhetorical, the following is a brief synopsis: Long continued intellectual labors, excitement and mental anxieties had exhausted the physical energies of a constitution natu-

rally delicate, and especially had occasioned extreme disorder of the nervous system. A variety of functional derangements, of course, were incident to this general morbid condition. He had applied to various Physicians, who, he confesses, relieved his particular difficulties, "patched him up," as he expresses it. They, however, it is to be inferred, enjoined, in addition to such medicinal remedies as the particular symptoms indicated, the cessation of literary application, regulated diet and regimen, the recreation of travel, &c. These measures he had tried to put into practice; he does not specify how thoroughly, and forgets to mention how long his efforts were continued. One thing of importance he incidentally states, viz: he did not give up the use of wine. At length, tired of remedies prescribed by different advisers, and discouraged, he hears of the water-cure. He becomes impressed with the belief that the balm of Gilead is to be found at a Hydropathic establishment. The discouragement of his physicians and friends, only serve to strengthen this conviction. He resolves to go there: carries this resolution into effect; remains, in all, some seventeen weeks under its discipline; and at the expiration of this time he finds himself renovated in body and mind to an astonishing degree. He expresses his sense of the agreeable change, with that ardor of enthusiasm, and eloquence of diction, which would be expected under such circumstances, from the pen of such a writer.

Now, viewing this history in a medical point of view, is there aught in it incomprehensible, or mysterious? Any physician who has had any experience in treating patients similarly affected, will assuredly read this narrative without amazement or incredulity. His regular medical advisers, we have every reason to presume, indicated a judicious course of treatment, which, had he properly pursued, would doubtless have succeeded to his most sanguine wishes. We infer from his own account that he did not thoroughly carry out the views of his physicians. Mental application, anxiety, fashionable dissipations, one, or all, doubtless continued to operate in perpetuating his ailments. He confesses that he continued the use of stimulants. He shifted from one medical adviser to another, evidently imbued with the common idea that he ought to have some prescription which would prove a specific remedy. In the latter, he was, of course, disappointed. The sore would not heal while the thorn remained. The trouble, in short, was, that his medical friends were unable to induce him to carry out the requisite sanative measures of diet, regimen, abstinence from literary labor, &c., which were necessary to his cure. Had it been otherwise, the same miraculous renovation would doubtless ensued—but would he in that case have come before the public in hyperbolic laudation of the means by which he had, been renovated? We trow not. Hundreds of instances annually transpire under judicious medical advice of the faculty, but who thinks of publishing them to the world! We could not permit this to be done if our patients desired it; but quackery imposes no such restrictions.

It is not strange that the water-doctor, in this case, effected what the regular physicians failed to do. The latter, doubtless, after indicating the proper management to be pursued, left it for the patient to conform his conduct to it. In our instructions to patients, we often err in predicating too much on general mental superiority, forgetting that they are not only ignorant in matters pertaining to medicine, but quite as likely to entertain

absurd notions on the subject of health, as those who are greatly below them in intellectual endowments. Whether this remark applies in the present instance, we are unable to say; it is fair to suspect that it may have been so. That quackery frequently carries with it vastly greater moral force than regular medical counsel, we have abundant occasion to observe. The fact that a man of intelligence is willing to place his life and health at its disposal, evinces a degree of confidence of which we cannot always avail ourselves. Of the value of faith in itself, we need not speak—but its greater value is in securing certain contingent observances which are the grand means relied upon for the result. In addition to this, from the moment that one occupying a conspicuous position commits himself to a form of quackery, the quack and himself enter into an involuntary partnership, with a mutual interest, in having the experiment succeed. The egotism of personal opinion, and the dread of ridicule if he is forced to acknowledge himself duped, conspire to create an intense anxiety of success, added to the already existing motives appertaining more directly to the recovery of health. These circumstances, doubtless, in the present instance, sufficed to accomplish what the mere instructions of the physician—addressed to the intellect alone, without any effort to excite the imagination, their execution left to himself, not carried out under his constant supervision—failed to accomplish. With a strong pre-conviction of success, an excited fancy, and every inducement to persevere in a faithful trial, he goes to the water establishment. Books and literary avocations are at length abandoned; physical exercise, plain diet, and regular habits adopted, and rigidly enforced; the wine bottle discarded; the various excitements and irregularities of fashionable life inaccessible,—it is surely not a very strange result that seventeen weeks of this sort of discipline were followed by most happy consequences.—Assuming that his ailments were not complicated with organic disease, they might very safely have been predicted. We have no desire to disparage the relative agency of the water-bath in the cure, and are willing to accord to it that invigorating effect for which it is often prescribed by the ‘faculty,’ without, however, vaunting it as panacea, or using it as a means of acting upon the credulity of our patients, and thereby cheating them into the performance of various conditions, upon which the chief dependence is placed. We are, also, far from feeling any dissatisfaction, from any professional feeling, with the success of the water-cure in this particular instance. Could the distinguished patient regard the matter in a truly philosophical view, he would perceive, that if cause for chagrin attaches to any, it is to himself, not to the medical profession. We sincerely trust that his health will be permanently restored, and that with the advantage of a more healthful physical condition, free from morbid influences, and artificial excitements, his future writings will have a purer moral tone, than has pervaded them hitherto. If the *mens sana in corpore sano* conduces to this result, we shall be still more gratified to join in congratulations on the success of his hydropathic experiment.

Our readers will perhaps think we have already extended our desultory remarks sufficiently for a topic of this nature; some reflections, however, have suggested themselves in reading these ‘confessions,’ to which we will devote a little space:

The medical observer cannot but be often amused, if not amazed at the egotism, and self-sufficiency, with which, of late, some individuals of literary celebrity, unfold to the public the details of their morbid experience, and pronounce thereupon medico-judicial decisions, intended to set aside as valueless all accumulated medical experience, and to render the aggregated learning and skill of the medical profession of no importance! If the public were to give heed to the advice of Bulwer, hydropathy would be deemed the great cure-all for bodily ailments. Miss Martineau feels it incumbent to expose her infirmities to the public, in order that those who are afflicted with disease may avail themselves of the never failing resources of mesmerism. Bryant comes before the public as a lecturer and ardent advocate of homœopathy—and so the list might be extended.

We are charitable enough to accord to these persons both honesty and philanthropy; but what would be incredibly wonderful if it were not so common, is, that they appear to predicate upon their general literary acquirements a seer-like capacity to deduce general principles of pathology and therapeutics from the phenomena of their consciousness, not deeming it of the least consideration whether they conflict with the opinions of those whose minds have been trained to philosophical investigations in this department of knowledge, and the business of whose lives is to develop or confirm medical truth! Every medical observer knows how deceptive are personal sensations, and the superficial aspects of single cases in estimating the correctness of a pathological principle, or the general applicability of any remedy. The physician has abundant occasion to learn the necessity of the utmost caution in deducing general principles from a limited series of facts. He well knows that a great number of contingent elements are more or less involved in every medical problem—in short, that numerous, great, and peculiar difficulties encompass the investigation of medical truth. We meet, also, with constant illustrations in our daily walks, of the extravagant errors which are made, as well among the educated and intelligent, as the ignorant and unlearned, respecting the efficacy of particular methods of treatment in their individual experience. It is needless to add, that certain preparatory studies are involved in medical reasoning, in addition to practiced habits of observation and ratiocination. All these conditions and qualifications are of no account in the apprehension of certain *literati*, who claim to expound medical truth, and to enunciate infallible rules of medical practice. We hope we are not deficient in our regard for literature, or in respect for those whose genius and taste entitle them to merited distinction, but as a medical man we cannot shut our eyes to the preposterous absurdity of supposing that because one is a successful writer of novels, or poetry, he is a whit better qualified to discriminate, or invested with authority to decide for the public in matters appertaining to physic. Extremes are often found to meet. In the often quoted saying of Napoleon, it is but a single step from the sublime to the ridiculous. The gifted and intellectual eulogists of quackery in its various forms, in this, as in some other things, are on the same platform with the most ignorant and credulous of society. They who are not distinguished excepting for good practical common sense, on this, as on other subjects, are generally the shrewdest, and most correct in their judgments. We deem this fact a valuable tribute to the

character of medicine and the medical profession. The inconsistency of these literary crusaders against the faculty is striking. Let them be seized with severe illness, and safely carried through by the skillful management of a regular Physician, little is thought of it—at least not enough to write essays, lectures, or letters for publication on the subject. Orthodox practice cannot thus avail itself of the eclat of curing distinguished personages. But let some empirical absurdity come into vogue, and be fortunate enough to draw some literary person of eminence within its vortex, straightway, upon the four winds, bulletins are dispatched, in effect holding the following language: “*Eureka!* the philosopher’s stone is at length discovered, since I have condescended to search for it!—Henceforth, let no one place any confidence in medical men, but follow my recommendation and example, in patronizing the newly discovered panacea, which promises to all, health and longevity!”

As a class of men practicing a calling, which, as it seems to us, has some peculiar claims upon the respect and consideration of the public, we might naturally enough feel somewhat impatient of this injustice, and complain, with some bitterness of feeling, of those who bring the force of their talents and influence to lessen the popular estimation of our profession. We have, however, been too long accustomed to such things not to have acquired sufficient endurance, and we believe they are generally regarded by the profession with philosophical equanimity. The satisfaction of exercising our power to do good, goes far toward compensating for the absence of that valuation of its beneficial results, which, it must be confessed, is always gratifying and encouraging. But, it is happily the case, that we may rely on the grateful and kindly appreciation of the larger portion of those who are the recipients of its benefits. We do not need assurances that medical science is in no danger from these or any sources of attack and opposition; or that it will fail to advance, as it has done, and is doing, enlarging constantly its capacity of benefitting mankind; nor have we any reason to doubt, that in proportion with its progress, it will implant itself more deeply and securely in popular estimation. If we were disposed to retaliate upon those to whom we have particularly referred in the foregoing remarks, we could not desire better retributive justice than the mortification which is likely to be self-inflicted by longer reflection and observation, or, perchance, personal experience. We do not find much occasion for annoyance in the spirit and tone of feeling toward our profession, in the “confessions” of Bulwer, but we doubt not, if he live a few years longer, he will feel abundantly ashamed of them, and regret his precipitancy in submitting them to the public eye.

Summary of the transactions of the College of Physicians of Philadelphia, from May to October, 1845, inclusive.—One of the most important of the means by which Medical Science is to be advanced, and the character of the Profession elevated, is the formation of Associations for the promotion of these objects. In nearly all the States, Medical Societies are already formed, but their chief end has been to maintain some organization as a profession—to retain some of the landmarks by which its limits are defined. Their objects, in other words, have been merely conservative, relating mostly to measures necessary to protect ourselves against encroachments upon our rights and privileges as a profession, and to preserve, as such, in some degree, that distinctive character and position upon which depend to a considerable extent our dignity and usefulness. These objects are by no means unimportant; but there are others of greater importance, and by securing the latter, the former will also be promoted. We need

associations for the interchange of ideas, the reciprocal communication of the results of individual experience and observation; encouragement of scientific inquiries, and profound attainments; the collection and diffusion of progressive medical knowledge, &c. We should be glad to see a National Association formed, which should take cognizance of these objects. We believe such an association, if well-organized, and judiciously managed, would do vastly more in furtherance of the progress of science, and to raise the standard of our profession, than any legislative enactments which we can ever hope to procure, perhaps more than legislation could do if its action were placed entirely at our disposal. A National Association, such as our imagination represents, would not only develop and cultivate medical science and literature, but would give to them a nationality of character, which, as Americans, we ought in justice to ourselves to consider. We do not purpose to follow out reflections upon this subject at this time. We were led to what we have written by the caption prefixed to this article. It is the title to a periodical of about 40 pages, which appears to be published semi-annually. This is the second number which we have received. The College of Physicians of Philadelphia, as we gather from a perusal of these transactions, is an association of distinguished members of the Profession in the ancient medical metropolis, which elects associates and corresponding members in different parts of the country.—It holds monthly meetings for the presentation of communications, reports, and the discussion of subjects pertaining to medicine and surgery. It has a library, and a reading room containing all the medical periodicals of our country. The published transactions contain the papers communicated, voluntarily, or by appointment, with the remarks elicited thereupon at the meetings of the College. The plan and purposes of the institution are excellent, and might, with advantage, be imitated in other places—above all, as we have said, we should rejoice to see a National Association embracing similar objects, and we trust that if the project of a national convention succeed, this will be one of its results. We proceed to give a brief synopsis of some of the transactions relating to practical medicine:

On the subject of *Hydrarg. Sub-sulphate, or Turpeth mineral, as a remedy in some of the diseases of children*, a communication was received from Dr. Hubbard, of Hallowell, Me., Dr. H. strongly recommends this preparation as an emetic, especially in Croup. He states that he has used it extensively for the last ten years. Its advantages are these; it is reliable, prompt, efficient, and safe as an emetic, and not liable to act as a cathartic in the place of producing emesis. The objections to antimonials in young children, can be appreciated by those practitioners who have ever witnessed the alarming prostration which occasionally results from their use. Although active in its operation Dr. H. considers it entirely safe. He says, "I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation two or three times within twenty-four hours; nor have I seen ill-consequences from such practice. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fail, the second usually acts as soon as it touches the stomach."

We fancy this practice is not peculiar to Dr. H., although, of course, the testimony of his experience is valuable. Some ten years ago we recollect hearing a physician of extensive practice in the centre of the State (the late Dr. Wells of Canandaigua) speak in warm terms of the use of this remedy in croup. He stated that in his neighborhood, it was almost regarded in the light of a specific in this disease. We have, also known it prescribed by a senior member of the profession in this city. Croup, however, is not a frequent disease in this locality. Considering the coldness of the climate, and the sudden alterations of temperature to which we are exposed, this is a singular fact. We cannot recall a dozen cases which have come to our knowledge in this city for the last ten years; and not a single fatal case in this period has occurred in our own practice.

With regard to the use of Antimony in Children in pectoral affections.—The remarks of Dr. Condie succeeding the communication of Dr. H. are valuable. It is not only liable to injure by its immediate sedative effects, but when often repeated, and long continued, as it frequently is, especially in the form of Coxe's Hive Syrup, its direct action on the lining membrane of the stomach is highly injurious. The authors of a late French work on the diseases of children (Rilliet and Barthez), of high

authority, state that acute gastritis, and even pustulation of the mucus membrane may be produced in this way.

On the treatment of Gonorrhœa by Tartarised Antimony.—Dr. Ashmead stated he had made a series of observations in the venereal wards of the Philadelphia Hospital, "Four patients affected with gonorrhœa were treated with tartarised antimony alone. They were placed under the use of one thirty-second of a grain, in solution, every hour—the dose being gradually increased to one-eighth of a grain at the same intervals. The disease, in every case, rapidly disappeared under this treatment—no one lasting more than a week, while in one of them, it was said by a gentleman in attendance to have terminated in forty-eight hours. In two of the cases, the gonorrhœa was complicated with inflamed testicle, the only application to which, was a single poultice of bread and water."

The results of these observations are unsatisfactory, from the stage of the disease at which this practice was commenced not being stated. The regimen and diet should also have been reported. In hospital practice, where patients are subject to our control, this method may succeed; and, indeed, regimen and diet alone, would, probably, often suffice; but in private practice, we much doubt if it will supersede other measures.

This number of the *Trausactions* contains a biographical notice of the late Dr. John Ruau, of Philadelphia, by Dr. Bond, and an annual retrospective report of some length, on *the theory and practice of medicine*, by Dr. Jackson, formerly of Northumberland. We cannot do justice to the latter without making a more extensive analysis than will comport with our space. To the readers of the *American Journal of Medical Sciences*, Dr. Jackson is well known as a man of thought, experience, and erudition, and a writer of unusual vivacity and terseness. His retrospective report is interesting, and we should gladly make extracts if our limits permitted.

Introductory Lecture, by Walter Channing, M. D.—The Boston Medical and Surgical Journal has published the annual address introductory to the lectures at the Boston School of Medicine, which was given, this year, by Walter Channing, M. D., Professor of Midwifery and Medical Jurisprudence. The subject is "*The Medical profession and its preparation*." We have perused it with much gratification. Prof. Channing is a chaste and classical writer, and we think that this address, if published in a pamphlet form, and extensively circulated, will do good. Its spirit, and, in general, the views which it sets forth are calculated to elevate and infuse vigor into the medical profession. We must beg leave, however, respectfully to join issue with the talented writer on one point. He seems to attribute much of the depreciation of the medical profession in public sentiment to the popular study of Anatomy and Physiology. We cannot but think this is an erroneous opinion, and one which it would be injurious to inculcate. That a superficial study of these sciences, in some instances, induces a kind of self-conceit, which arrogates an all-sufficient degree of medical knowledge, is doubtless true; time and experience, however, correct these absurdities. In the main, if these studies tend to bring the profession into low esteem, we are bound, as it seems to us, to attribute it to the incompetency of a large class in the profession to represent the actual condition of medicine. Here lies, as we regard it, the secret of the depreciation of our profession. The standard of medical education is too low, and access into the ranks of the profession obtained upon too easy terms. Let the profession be composed of members who have submitted to the preparation and discipline which Prof. Channing advises in another portion of his discourse, and the more the public become familiar with knowledge pertaining to the human constitution, the better the profession will be appreciated. As it is, if a reform in medical education cannot be effected, general diffusion of Physiological knowledge would seem to be necessary for a just discrimination by the public of medical qualifications. We admit that it is not fully competent to this end, but it is approximatively, and may be of considerable utility until a diploma, or license has more virtue than at present. In perusing Prof. Channing's discourse, we have the advantage of many of our readers, in the recollection of his agreeable and impressive manner of delivery—as it was some fifteen years ago, and as we presume it is still. We trust his efforts to inculcate sound knowledge, and to inspire with dignified and worthy sentiments those who have the benefit of his instructions, may be continued for many years to come.

The People of the State of New York vs. William B. Waterman, M. D.—Some two months since, the defendant, in the cause entitled as above, a young physician who had shortly before opened an office in this city, was arrested on the charge of being engaged in raising bodies for anatomical purposes. Not being able to find bail he was committed to jail, and remained there until his trial, which took place on the 12th ult. He was found guilty of the offence, and was sentenced by the Court to the Auburn State Prison for 3 years. We are not personally acquainted with Dr. W., but we understand that ample testimony was produced on his trial of correct moral habits, industry, and promising attainments.

This is a hard case, and we deeply regret that the Court should have thought the circumstances demanded so severe a penalty. The regret and sympathy which have been excited do not appear to be confined to the medical profession, but are freely expressed by all the intelligent of this community whom we have heard speak on the subject.

Let us look for one moment at the position in which this sentence places the people of the State of New York. The people, it is to be presumed, have some interest in the possession of anatomical knowledge by those to whom the great majority trust their lives in cases of disease or accident. At all events, they require under heavy penalties the possession of this knowledge. But a young man is discovered in procuring the only means by which this knowledge is to be obtained. Who are his accusers? It is not contended that the feelings of surviving friends have been wounded. We have not heard that any complaints were made from this source, or that there were any friends to feel aggrieved. The informer was a miserable vagabond who was hired as an accomplice. The people thereupon become his accusers, and the majesty of the law is to be vindicated: for what?—for procuring the only means of obtaining that knowledge which is for the express purpose of benefitting the accusers, and which they, through legislation, have required, under penalties, at his hands. Constructively, it is not too much to say that this young man committed the offence by the express injunctions of the very power which, having detected him in the act, now sentences him to companionship with thieves, burglars, and villains of the deepest dye. The ends of his offence against the law were public benefit, and compliance with the requisitions of the law; and in return, the law immures him for three years in prison! Truly this is admirable consistency and justice for an enlightened government in this advanced period of civilization! The pacha of Egypt, notwithstanding the prejudices of heathenism and semi-barbarism, openly sanctions dissection, but the State of New York, while she demands the *results*, makes the conditions felony and ignominious punishment if discovery take place! So much for the abstract merits of the case; but what is the general practice incident to such a state of things? Why, every medical student and practitioner in the State of New-York is, or ought to be, directly or indirectly, guilty of this same species of felony. Dead bodies are stolen, and must be stolen; and all who study anatomy by means of them become *particeps criminis* in the theft. So far from wishing to have this fact concealed, if it be not generally so understood, we say let it be known. Let the community understand the subject in its full measure of injustice and absurdity. Let it be seen, that, as the law now stands, it exemplifies the principle of the Spartan code which made theft honorable, and the detection alone deserving of punishment. Would the community be satisfied if the medical profession were to unite in a determination to practice no more dissections? We trow not. Let the subject be viewed in its true light, and we cannot but believe that the present disgraceful condition of things will not be permitted to continue; the study of anatomy will be legalized, and ample facilities provided by law. In the mean time, we believe that public sentiment would sustain a jury that refused to convict for an offence of this kind, excepting when the feelings of friends were outraged; and that a judge would receive the thanks of the more intelligent of any community, who, upon conviction, would inflict a nominal punishment only, or, at least, a punishment which would not identify with crimes committed against the welfare of society, an act, the final purpose of which is not only salutary, but necessary.

Iodide of Iron.—A writer in the Boston Medical and Surgical Journal, April 30th, 1845, recommends the following as an easy method of preparing a very perfect syrup of the Iodide of Iron:

“Take of Iodine 200 grains, iron wire half an ounce, white sugar in powder four ounces and a half, distilled water one fluid ounce. Agitate the iodine, wire, and water together briskly in a strong two ounce phial with a glass stopper, until the froth becomes white. Pour the fluid immediately into the sugar in a glass or wedgewood mortar. Triturate a few minutes, and then add distilled water enough to make six fluid ounces.—Twelve minims of this syrup contain one grain of iodide of iron.”

In the same communication the following simple method of preparing pills of the iodide of iron as recommended by Dr. Christison is quoted: “Take of iodine 129 grains, iron wire about the thickness of a thin quill, half an ounce, distilled water 75 minims. Agitate them briskly together in a strong ounce vial, provided with a well-fitted glass stopper, until the froth becomes white, which will happen in less than ten minutes. Pour the liquid upon two drachms of finely powdered loaf sugar in a little mortar, and triturate immediately and briskly for a few minutes; add gradually a mixture of the following powders, viz: Liquorice powder half an ounce, powder of gum arabic a drachm and a half, and flour one drachm. Divide into 144 pills. Each pill contains about one grain of iodide of iron.”

The iodide of iron is becoming a favorite remedy with the profession. The two constituents are adapted to meet indications which are often presented together, and each element seems to derive advantage from the combination. The tendency to decomposition, however, is a serious difficulty in the way of its administration in a simple state. The presence of saccharine matter is found to be necessary to prevent this difficulty, and the two recipes which are given above, while they serve this object, have the merit of simplicity.

On the nature of the Green Alvine evacuations of Children.—The green evacuations so common in the diseases of children, are usually supposed to denote the presence of bile in combination with an acid. Dr. Golding Bird, of London, however, has subjected a specimen to careful chemical analysis, and found only traces of bile present. He regards the green color of the stools which the English writers compare to “chopped spinach,” as “depending on the presence of modified blood, rather than on an excess of bile.” He says, “believing that the green stools alluded to are but a form of melæna, I have often closely questioned the nurses of children voiding them, regarding the appearance of the development of the green color, and have almost constantly been told that streaks, and even clots of blood had been observed. I regard, then, the presence of green stools as indicative, not of a copious secretion of bile, but of a congested state of the portal system, in which blood is exuded very slowly, and in small quantities, so as to allow of the color being affected by the gases and secretions present in the intestines; a state of things capable of readily ending in melæna, in which the effusion of blood is so copious and sudden, as not to give time for the occurrence of the changes alluded to.”—*Bulletin of Med. Science.*

Dr. Pratt's artificial Nipple.—We would invite the attention of our brethren to a little invention entitled as above, which is calculated to obviate most of the difficulties and sufferings so often incident to nursing women. We had an opportunity recently of witnessing its application by Dr. P. in a case of excoriation, and one of retracted nipple from its small size and over distension. In both cases it acted like a charm, affording instantaneous and complete relief. The instrument consists of a small metallic shield with a valve or opening, and a movable cap of gum elastic, which is an excellent substitute for the natural organ. It is really one of the most useful contrivances we have seen for some time, and we think Dr. P. is entitled to the thanks of the profession for devoting his ingenuity to this object. He has certainly laid mothers under great obligations to him. To use his own language, he says, "I am sure to be well received wherever I go, for I save the doctors from dodging, and the women from crying." He has also invented an instrument for drawing the breast, and a nursing bottle, which are preferable to any others we have seen. They may all be found at *A. I. Mathews Drug Store*.

The Therapeutic influence of heated Atmosphere.—Dr. Jules Guagot, of Paris, France, has published a work on the employment of heat as an external application in the treatment of ulcers, after surgical operations, in hysteria, rheumatism, &c., a notice of which we find in Ranking's half-yearly abstract of the medical sciences, vol. 1, No. 1. He applies the term "incubation" to indicate a bath local or general, in an atmosphere heated to ninety-six degrees Fahrenheit. He divides the remedy into 3 classes: 1st, *local*, when applied to ulcers, amputations, &c.; 2d, *diffuse*, when a considerable portion of the body is acted upon; 3d, *general*, when the whole body is exposed. He employs various kinds of apparatus, which, however, are not described in the article referred to.—According to the author of this practice, he has found it highly serviceable in ulcers of an inveterate character and long standing, in phlegmonous erysipelas, in eczema, white swelling, chronic rheumatism, &c.

Petrified Human Body.—Some months since an account of the petrified body of a female buried many years ago near Montreal, Canada, circulated through the newspapers of the country. The same body (as we presume) has lately been imported into the United States for exhibition. It was carried to Boston, and there exhibited, as we learn from the Boston Medical and Surgical Journal, "tightly screwed up in a box," so that the curious observer was debarred from touching it, but presenting, as seen through glass, the appearance of solid stone. The British American Journal of Montreal, in the No. for November, explains the precautions against close inspection of it. The editor had an opportunity of examining it, and of removing a portion of the fleshy part of the arm, which proved to be a beautiful specimen of *adipocire*. As such it would be an interesting *subject* for examination, but to pass it off for a petrification is a contrivance of cupidity, which the British Journal very properly exposes.

 The attention of the reader is invited to the remarks addressed to *Readers and Correspondents*—see cover, next page.

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Epidemic Erysipelas in Williamsville, Erie County, N. Y.

Communicated for the Buffalo Medical Journal, by WM. VAN PELT, M. D.

Epidemic Erysipelas appeared first in this place, Nov. 10th, 1842, and was the prevailing disease for the following four months. Since that period a few cases have occurred, at intervals, up to the 15th of March, 1845. The profession have been somewhat dilatory in naming this affection. The people call it the "*Black Tongue*." I never have seen a case in which the tongue was involved in the inflammation. No name yet given to it expresses fully its character. It manifested itself upon the skin generally in severe cases, but in mild attacks the lining membrane of the throat was the first point of accession. In a few cases the mucus and serous membranes of the abdomen suffered first. It sometimes changed its location as circumstances invited it. The uniformity of the symptoms in the cases which came under my notice was remarkable, excluding the symptoms peculiar to different organs, as they became the seat of this peculiar inflammation, which in most instances resembled acute inflammation of the parts. The first stage was ushered in by severe chills, as in an intermittent, attended by great agitation, nausea, and vomiting, and pain in the epigastrium in many instances. This latter symptom was by no means constant. Reaction gradually took the place of the chill; and lameness of the muscles, pain in the large joints, headache, pain in the back, sharp darting pain along the extremities supervened. The organ in which the inflammation subsequently appeared, was always particularly noticed by the patient in the detail of symptoms. In a great majority of cases, the tonsils and mucus membrane exhibited an unusual redness, without much tumefaction. This was the mildest form of the disease.— In a few cases the tonsils were so enlarged as to render deglutition impossible, and threaten suffocation; then, the other glands about the neck participated in the irritation. The pulse seldom numbered over 112 during the first 24 hours; it was hard and bounding, or unusually slow, full, and strong, increased a few pulsations upon standing up. Position did not seem to have much effect upon the more active pulse. The tongue was covered with thick white fur, and slimy mucus, possessing but little the appearance of healthy saliva. The cases of gastric irritation had the shining red tongue, and a scanty secretion from the glands of the mouth. The efflorescence usually appeared upon the surface in about 48 hours from the beginning of the attack, if it did at all. When it did appear, it spread from some gland which previously had been much swollen, exhi-

biting the characteristics of ordinary erysipelatous inflammation. The erysipelas of the head seldom extended upon the body. It did in three cases, passing over the entire surface in about eight weeks. One of them recovered. In four instances, the patients while suffering the primary symptoms, accidentally scratched themselves with a pin, and the inflammation spread from the wound. In one case it spread from a cut on the foot, in another from the finger nail, which had been slightly injured in cleaning, and in one, it was excited by a blister.

When the glands of the axilla were the first to take on the inflammation, and the efflorescence spread from them, it invariably passed down the arm to the hand, following the large veins, then spreading laterally around the limb. If it spread from the groin it passed down the leg in the same order. If the cutaneous disease did not make its appearance, the glands suppurated extensively.

As the erysipelas appeared upon the surface, the fever assumed a more serious character, prostration was more marked, the pulse rose to 125 or 130, and was small, soft and quick, the tongue soon became covered with a dark, brown fur, sometimes rough and cracked, and sordes accumulated upon the teeth. There were present great fatigue, mild delirium, sliding down in the bed, sleeping with the eyes half open, respiration quick, deglutition performed with difficulty, and fluids could be distinctly heard as they fell into the stomach. The inflammation, as it spread, became of a darker color, and the line bounding it abrupt—more so than when the symptoms were not quite so grave. When the tumefaction preceded the redness, the line was not so distinct, nor the vesication so apt to take place, the cuticle falling in scales.

When the mucus membrane of the Lungs was attacked, a dry, ringing cough, and general soreness of the chest, often involving the pleura, were added to the initiatory symptoms, bearing the character of Bronchitis, Pleuro-Pneumonia, or Typhoid-Pneumonia.

If the mucus membrane of the intestines, muco-enteritis, or dysentery followed.

A large number of cases of colic occurred, preceded by constipation, and, I believe, in every instance followed the same general, incipient symptoms. The spasm came on in the cold stage, was followed by symptoms of peritoneal inflammation, proving fatal in two instances, notwithstanding the obstruction was soon overcome.

The glands seldom suppurated, though, under other circumstances, extensive suppuration would be expected to follow so violent an inflammation; but the tumefaction subsided in a remarkably short time as the efflorescence spread upon the surface.

When the cellular tissue became involved, the adipose substance seemed to dissolve, the muscles were as cleanly dissected as could be done with a knife, and what remained of the cellular tissue, had much the appearance of wet tow.

Not one in ten who had the chill, &c., slightly, had any erysipelatous affection. Children were exempt entirely. More females than males, (say 5 to 3,) were attacked. I thought I could observe a tendency in the fever to terminate at regular periods, by crisis, as is sometimes seen in other fevers.

Whatever may have been the cause which gave rise to this singular affection, it was, at all events, a general one. I think it is a well established fact, that endemical influences commonly referred to the atmosphere, occasion diseases to appear in remote situations, where there has been no communication of individuals to extend them, or simultaneously to develop them through a wide extent of country. Scarlatina, Cynanche, or Rubeola were not prevailing at the time, nor had they for nearly two years previous. I did not see any appearances to confirm the suspicion that there was an intimate relation between either of these affections and the prevailing one. Typhus Fever had preceded it a short time, and in many cases the typhoid symptoms were marked, leading me to suspect there might be some relation between the two.

The Prognosis, as in other disorders, was governed by the age, sex, and habits of the patient, and the organ and textures affected. It was for the most part favorable when the efflorescence was confined to the mucus membrane of the fauces, with but little general derangement.

When the skin became the seat, after a short but very active inflammatory stage, it passed, like Typhus, into a collapse, especially when penetrating to the cellular membrane beneath. If the pleura, or peritoneum were affected, the cases that were fatal, were so in the space of three or four days. The aspect of the disease was most revolting, when the cellular membrane was extensively diseased. A long season of suffering was sure to follow, which the youth and middle aged endured better than those advanced in life.

Of Puerperal-peritonitis but seven cases occurred. Three I attended during their confinements, having at the same time erysipelatous patients under treatment. The remaining cases had the assistance of no physician, nor of any one else who had the care of patients affected with the disease under consideration. I found, upon close inquiry, that they all, either a short time previously, or at the time of confinement, were suffering under the mildest form of the Epidemic, supposing it to be an ordinary cold. The contagiousness of this affection will probably be a disputed point, until the principle generating it, and several forms of disease, can be made cognizable to the senses. I possess no evidence that it is more contagious than other epidemics.

Those who chanced to have the care of individuals affected with the severest forms of the affection, though in constant fear, contracted it with no more severity than those who feared to go near the sick. On reviewing the history of the puerperal cases which came under my observation, the following query has presented itself: Is not this puerperal disease, the same prevailing affection invited to the substance of the uterus and peritoneum, modified according to its location, as in other organs.

The treatment was such as the symptoms indicated, upon general principles. Those with whom I advised, with one or two exceptions, hesitated to sanction several important steps, entering, more or less, into the popular fear against active measures, though acknowledging that appearances seemed to demand them. The propriety of Venesection was questioned, but I hesitate not to say that there was a time, when, if resorted to, it would have more power in assisting to overcome this disease than any other one remedy. *But that period was much earlier than*

appearances often indicated. In two cases in which I feared to resort to it, thinking it too late, spontaneous hæmorrhage was followed by immediate relief—Nature doing what I neglected.

Out of 23 cases of external inflammation, I resorted to Venesection in 11. It afforded no relief to three of this number, but in the remaining eight, it was afforded in a short time, checking the progress of the inflammation entirely in five instances. It was not adopted in the remainder of the 23 cases, as the symptoms did not appear to demand it. When practiced in a few of the cases in which there was no cutaneous affection, it was no less efficient. In the cases of puerperal peritonitis which came under my care, I used the lancet freely. In three of that number there was no relief; the others recovered. Two cases within my knowledge, treated upon Thompsonian principles, were fatal in four or five days.

I was called, in but few instances, before the cold stage had passed;—but if so, warm drinks and external heat, to invite reaction, were employed. When this was somewhat established, an emetic of Ipecacuanha, in conjunction with warmth externally, if it induced free perspiration, which it usually did in the mild attacks, gave as prompt relief as the other method of depletion. When there was no gastric irritation, Cal. and Ipecac, aa gr viii, followed by Castor Oil in three hours, producing free evacuation, was quite as effectual; but if the least abdominal or thoracic disease existed, the mildest laxatives were better, at the same time keeping up gentle diaphoresis by means of warm drinks, Dov. pulv., Ipecac, Camphor, &c.

As a tonic, in the stage of collapse, Sulphate of Quinine, with diffusible stimuli, answered the indications in all cases involving congestion.—Sulph. Quinine and Capsicum, aa grs ii, taken every two hours, was a favorite prescription. Often these quantities were much increased, bringing a pulse which could not be counted, down to an 112 or 120.

The preparations of Opium were highly useful in the different stages.

As an application to the fauces, particularly when the parts assumed a dark color, Capsicum was preferred to any other. An infusion of Sage and Honey, when the redness was of a bright red color, answered that condition better.

Nitrate of Silver, as an external application, from its well known reputation in ordinary erysipelatous inflammation, I was induced to apply. I did so in every manner directed, both upon the sound and diseased surfaces, and it did not answer the expectations previously anticipated, proving, in fact, worse than useless. I can say the same of several powerful applications recommended by the highest authority, excepting those cases where the inflammation manifested a tendency to metastasis internally.

Mercurial Ointment, as strong as can be made, applied repeatedly upon those parts of the body where the skin is thinnest, until its effects were observable in the mouth, proved a salutary remedy. Warm poultices, such as are commonly prescribed in acute local inflammations, were liable to produce much mischief, particularly when there was prostration, and I found as much consideration necessary in applying them as in the employment of venesection. A lotion of alcohol and water applied by means of saturated clothes, except in cases that were congestive, I found most useful in affording comfort to the patient. Of Incisions I cannot say

much, as I employed them in but one instance. They afforded relief, discharging a sanious matter, and I have no doubt prevented extensive destruction of the cellular substance. An alcoholic solution of creasote, very weak, injected into the sinuses, excited healthy granulation, and corrected the odor of the discharges.

The success of the above treatment, the outlines of which I have imperfectly given, will warrant its correctness. I lost 3 in 24, from the severe cutaneous and cellular variety, and 2 in 7, of the puerperal.—The mildest applications I found to give the best satisfaction. The hope to overcome a disease like this by a local application, I believe to be perfectly futile. When the pathology of Erysipelatous Fever is better understood, this idea will be abandoned.

Williamsville, Dec. 9, 1845.

Analyses of the Mineral Waters near Buffalo, and Remarks.

Communicated by Lieut. E. R. LONG, M. D., United States Army.

DETROIT, Jan. 2, 1846.

DEAR SIR:—Having, as you are aware, devoted some little attention to the analysis of the mineral waters in the vicinity of Buffalo, I give below the results of my investigations. Imperfect as they are, if they serve to direct more general attention among the good people of your city to the medicinal virtues of these springs, I will esteem myself amply remunerated for my labor. And having, as I conceive, derived much personal benefit from their use, I feel in a measure bound to proclaim, publicly, their merits. Many years a victim of dyspepsia, and, as a matter of course, passing in that period through the whole materia medica, I can speak from experience; and, if I have not greatly deceived myself, I have been as much benefited by the water of the Indian Reservation Spring, as by any other remedy I have tried. As to the *modus operandi* of this water, or, as to its most efficient medicinal ingredient, there may exist some difference of opinion. But, for the reasons given in the sequel, there is but little doubt that its chief virtue may be fairly ascribed to its Sulphureted Hydrogen. Although I analyzed this water myself, yet from the imperfections of my chemical apparatus, I did not attempt a quantitative analysis; I will, therefore, give that of Dr. Chilton, of New York, which I found to correspond with my own in all that relates to the number and character of its several ingredients. I also insert the analyses of some other springs, with a view of determining, by comparison, their relative merits as medicinal agents:

Spring on the Indian Reservation—by Dr. Chilton.*

Chloride of Sodium,	86.40 grains in 1 gallon.
“ of Calcium,	20.00 “ “
“ of Magnesium,	16.80 “ “
Carbonate of Lime,	10.88 “ “
“ of Soda,	1.28 “ “
Sulph. Magnesia,	6.56 “ “
“ Lime,	3.36 “ “
Vegetable matter,	.41 “ “
Total,	154.01 solid contents.

* This Spring is located about four miles from this City.

GASES—Sulphureted Hydrogen,	24.06 cubic inches.
Carbonic Acid,	6.00 " "
Total,	30.06

Avon, Lower Spring—by Dr. Chilton.

Carbonate of Lime,	29.23 grains in 1 gallon.
Chloride of Calcium,	8.41 " "
Sulph. of Lime,	57.44 " "
" of Magnesia,	49.61 " "
" of Soda,	13.73 " "
Total,	158.52 solid contents.
GASES—Sulphureted Hydrogen,	10.02 cub. inch. in 1 gal.
Nitrogen,	5.42 " "
Carbonic Acid,	3.92 " "
Oxygen,	56 " "
Total,	20.02

White Sulphur Springs, Va.—by Prof. Rogers.

Sulph. Magnesia,	22.32 grains in 1 gallon.
" Lime,	30.80 " "
Carb. "	4.04 " "
Mur. "	.80 " "
Chloride of Sodium,	.40 " "
Total,	60.80 solid contents.
GASES—Sulphureted Hydrogen,	2.05 cub. inch. in 1 gal.
Carbonic Acid,	2.00 " "
Oxygen,	1.44 " "
Nitrogen,	3.55 " "
Total,	9.49

Aix La Chapelle—a Sulphur Spring.

Solid constituents in 1 gallon,	86.00 grains.
GASES—Sulphureted Hydrogen in 1 gallon,	22.00 cubic inches.

Seltzer—a Carbonated Spring.

Carbonate of Soda,	16.00 grains in 1 gallon.
" of Magnesia,	20.00 " "
" of Lime,	12.00 " "
Chloride of Sodium,	68.00 " "
Total,	116.00

Before instituting a comparison between these several waters, it may be well to ascertain, as near as may be, the therapeutical principle upon which their efficacy depends. It appears that they abound in neutral salts, and that the most valuable of them are richly impregnated with Sulphureted Hydrogen, or Carbonic Acid gas. It has also been pretty well determined by observation, that artificial mineral waters holding in solution the same salts, in the same proportions, impregnated with the gases, do not possess the same virtues as those from the natural fountains. And it has also been observed, that these latter, when kept some time in open vessels, before use, are not so efficacious as when taken fresh from the Springs—in fact that they have lost their specific virtue.

And it is a well established fact, that when the system has been long exposed to the action of cathartic, mineral waters, it does not become so reduced in flesh and strength, as by the use of the same salts administered in the ordinary way—a fact fairly explicable by the tonic and invigorating powers of the gases found in the former.

From these facts it is obvious, that the gaseous ingredients of mineral waters confer upon them their most valuable properties. Hence that spring, *cæteris paribus*, that contains the greatest proportion of such ingredients, must be esteemed the more valuable.

On referring to the foregoing analyses, we see that the Indian Res. Spring contains a greater proportion of solid ingredients than the White Sulph. of Va, and almost as much as the Lower Avon Spring, while it contains more than double the quantity of Sulph. Hydrogen, found in either ;—hence, as it is probable that the peculiar virtues of this class of mineral waters—the sulphurous—to which these belong, are derived from this gas, it is fair to conclude *a priori*, that it is the best of the three ; and I doubt not future observation and experience will fully confirm this conclusion.

But it has been found that the water of this spring does not act as freely upon the bowels as some other mineral waters containing a smaller proportion of purgative salts—which renders it necessary, in some cases, to administer some other aperient in conjunction with the water. It, however, possesses powerful diuretic properties, and will prove very efficient in diseases of the bladder and kidneys, in dropsy, and other complaints requiring a remedy of this character.

I also analysed the water of two springs on the farm of Wm. Armes, near Black Rock, and one near Williamsville. They all belong to the class of carbonated waters, being highly impregnated with carbonic acid, and holding in solution an excess of the carb. of lime, and carb. of magnesia, which, as soon as the gas escapes into the atmosphere, is deposited in white powder near the springs, or in porous masses of a greyish, or brownish color on sprigs of moss, or branches of trees in, or near the springs. These waters hold in solution, besides the carbonates of lime and magnesia, sulphates of the same bases—no traces of soda, potassa, iron, iodine, or bromine could be discovered by the usual tests. They contain about 128 grs. of salts to the gallon, which is a higher proportion than is found in either the Seltzer Spa, or Pyrmont waters, belonging to the same class ; and as they doubtless possess as much carb. acid, they are in all respects equal to the latter in curative properties.

In conclusion, I will add that the sulphurous waters, like the Indian Reservation Spring, are indicated in diseases of the digestive organs ; also in scrofulous and rheumatic affections ; but more especially in cutaneous affections, from the specific action of the sulph. hydrogen on the skin.

The carbonated waters, similar to those of the Black Rock and Williamsville Springs, have tonic and diuretic properties, and are serviceable in dyspepsia, gout, and hypochondriasis ; also in the debilitated and emaciated condition of the system consequent upon attacks of acute disease, or long sieges of bilious and other fevers.

I will state, for the benefit of those who are desirous of using these waters, and cannot conveniently do so at the Springs, that they may, with proper care, preserve the water in barrels so as to retain most of its gases. This is done by drawing the water off by a stop-cock at the lower part of the barrel, without a vent at the top. This is rather a tedious process, but if a vent be made at the top of the barrel, the water will soon lose most of its virtue.

Yours truly,

E. R. LONG.

Notes of an European Tour.---No. 9.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

GENOA, ITALY.

I have spent three days at Genoa most delightfully, rambling up and down through its streets, palaces, churches, hospitals, &c. Strolling along the beautiful Strada Balbi I came to the "University," a large palace-like building, standing like the adjoining palaces, quite upon the street. I entered its magnificent vestibule alone, and was looking about for "the Swiss" who usually occupies a small lodge off from the vestibule, acting in the complex capacity of cobbler, clothes-cleaner, porter and guide, when my eyes unexpectedly rested upon two fierce looking Numidian lions crouching upon each side of the head of the stairway; like Bunyan's Pilgrim, for a moment I hesitated which way to pass. In Italy, every where, marble has a wonderful soul. "The Swiss," coming to my relief, led me into the several halls appropriated to the different faculties, viz: Law, Theology, Philosophy, and Medicine; all of which, except the "Hall of Medicine," are large, well furnished rooms, and handsomely adorned with excellent pictures. In the room for public examinations, is a pulpit where the students are required to hold disputations before the examiners upon such subjects as are allotted to them. The "Hall of Medicine," where most of the Medical lectures are delivered, is a plain, dirty, ill-arranged room; the seats being mere benches and all on the same level, and could not, I should think, be made to accommodate more than 130—the porter however says there are 250 medical students.—A few dingy portraits and historical pictures hung against the walls—the portraits belong to distinguished Genoese medical men, but I failed to recognize among them a familiar name; where is Rasori, the great Genoese physician who died in 1837, and who by his writings mainly, subverted the doctrines of Brown, which had taken deep root throughout the north of Italy especially! His principal essay was issued in 1800, immediately after the famous siege of 60 days, sustained within the walls of Genoa by Massena, he having been himself an eye-witness of all its horrors.—When the gates were at length thrown open, 15,000 of the inhabitants had died of famine, or of disease engendered by it, and of the garrison, of 7,000 soldiers only 2,000 remained fit for service. Dr. Mosseno is Professor of Surgery, and Dr. Mazzini of Anatomy. I think it was the latter to whom "the Swiss" introduced me; a slovenly, snuff-taking old

gentleman who was so deaf, or so badly understood my not very pure French, that I was forced after several efforts to give over all farther attempts to prosecute the acquaintance. The medical degrees are conferred by a Senate of 12 Doctors, including the 7 Professors of the Faculty of Medicine. The Library and Museum attached to the University, are respectable.

The Hospital of Incurables is one of the several princely charities of this city. Dr. Costa conducted me through its wards and various apartments. The present number of inmates is 500, of whom 52 are mild cases of lunacy; when they become frantic and ungovernable, they are sent to the large lunatic asylum outside the walls. But I was surprised to find one, in a large room containing many invalids, chained to his bed, and whose constant howlings and shrieks, with his violent efforts to release himself must have greatly disturbed his sane but feeble companions. I could not see the propriety of even his temporary detention in such a place.

The Hospital of Pammatone, founded in 1430 by an eminent lawyer, Bartolomeo Bosco, is also a "palace" designed for sick foreigners as well as Genoese, and contains, on an average, from 600 to 1000 patients. It has also attached, a Foundling Hospital, where illegitimates are received. The number of these little aliens who can never know a tie of relationship, has at times, in this one establishment, exceeded 3000; the annual number of receptions being as high as 550, of which 200 are received unquestioned through the private revolving wheel, and this from a population of 114,000, of whom 20,000 are priests or nuns. There may be some truth in one clause of the old Tuscan proverb, that Genoa had "a sea without fish, mountains without wood, men without faith, and women without virtue." The boys remain here until they are able to work, and the girls longer unless they can be properly provided for.—The Surgeons to the Hospital are Stephano Bignoni, Michele Gouillion, Enrico Ruini and Ferdinando Dellacella.

The Alms House, ("Albergo dei Poveri") pleasantly placed without the inner walls, was founded by a Nobleman, and has few parallels in Europe. It will accommodate 2000, and although generally well filled, it is every where neat and orderly. A premium is offered to such young men of Genoa as are humanely disposed, in the way of a small dowry to the parties whenever a girl is married out of the Alms House.

The pauperism of this city, and indeed of Sardinia generally, is astonishing. In Genoa alone are about 2300 vagabonds who have no home or shelter, and there have been seasons of scarcity in which one-third of the population of the province were dependant upon charity. There are now in and about the city in addition to the hospitals and alms houses which I have enumerated, 15 "Conservatorie" or religious charities for females, and yet with all these, one-half the pauperism of Genoa seems to live in the streets. Yet the palaces are more numerous and more splendid than in any city of its size in the world, the churches are no where more gorgeous, the priests who attend at the Alms House alone receive \$14,000 annually, the public works, including the docks, the light house and the prodigious walls which surround the city give evidence of a vast treasury, the soil of the neighboring hills is fertile, and well adapted upon its sunny slopes for the vine and olive, its two harbors are spacious and secure, and

convenient for the commerce of Europe, Asia and Africa, but what is all this—the Government is a despotism and the King a superannuated tyrant.

The Lunatic Asylum, under the care of Drs Costa and Francisco Buffa is also without the city and pleasantly situated, except that the grounds are rather low. It is composed of a round central, with radiating buildings, and is two stories high. It has now 288 inmates. The keeper told me that about 15 per cent were generally cured. The causes of lunacy were as follows: eight or ten, religious excitement, five, solitary vice, and most of the remainder were deranged in consequence of misery, love, or "*aqua vitae*" (alcohol.) Both men and women, I am told, drink spirituous liquors in Genoa, although the native wines are excellent, abundant and cheap: such as become maniacal from this cause, seldom recover. I was pleased to learn that there is neither a dungeon, chain or straight jacket in the Asylum, force never being resorted to except in the most extreme cases. As I was passing out of one of the doors an opportunity was furnished me to see the application and effects of their non-coercive system; a maniac attempted to push by us and escape, and was so far successful as to gain the main hall, but being arrested here by a strongly bolted door he turned upon his keeper with furious menaces, who so far from resisting or attempting to restrain him by violence, immediately sat down and quietly waited for ten or fifteen minutes, until of his own accord he walked back into the gallery bowing and laughing as if it had all been intended as a mere joke.

Yesterday I accepted the invitation of Mr. Lester, the American Consul, to visit with him one of the palaces belonging to the Marquis Durazzo, especially to look over the library, which he has offered to sell to our Government. The son of the Marquis himself had the kindness to accompany us to the library. It contains about 12,000 volumes, some of which are beautifully illuminated; one, a printed volume, was dated 1460. The whole, including a large amount of valuable manuscripts will be sold at \$30,000, which is scarcely more than the cost of the binding, the whole library having been rebound in a substantial manner at Paris only a few years since.

The evening I spent at Mr. Lester's with a small assembly of his friends, among whom were two Marquises in military costume, with their Marchionesses, a celebrated opera singer, an improvisatrice, a Surgeon and Master from a British War Steamer lying in port, and Dr. Bottà, a physician of considerable reputation in Genoa and from the same family with Bottà the Historian. Dr. Bottà is weary of despotism, and sighs for the freedom of our land; he says "if I were younger I should certainly emigrate to America, but I have now a family and am too old, I must therefore forever relinquish the idea." He remarked that the press was literally in chains, that he having publicly ventured to express some doubts about certain points of discipline, in the Lunatic Asylum, he had been "warned," and he did not know, suspected as he was of liberal feelings, at what moment he might be sent to the galleys.

The Salizzi palace, once the residence of Byron, the palace of the Doria family, the "*Strada Nuova*" or the street of palaces, the "*vicoli*" or narrow passages which thread the city like fissures in marble quarries, the sedan chairs and hand chariots upon which ladies are carried about,

the donkeys and mules with their immense panniers and tinkling bells, the long lines of "facchini di carovana" or privileged and *hereditary* porters who carry burdens to and from the warehouses, the street lined with shops glittering with silver and gold fillagree work or the street of the goldsmiths, the beggars, the barefooted friars, all constitute features in the picture of Genoa, of which I have no time now to speak. But the Duomo or Church of St. Lorenzo, is too rare to pass wholly unnoticed. Built mostly in the Saracenic style both within and without, its interior has given me some idea of oriental church architecture, being covered every where with carvings, pictures and costly guildings; its columns resting upon basaltic bases, are composed variously of granite, porphyry, pietra dura, and rich marbles of various colors, black and white, according to oriental custom, being most prevalent. No part of the church however equals the gorgeous chapel of St. John the Baptist, where within an iron sarcophagus are kept the sacred dust, with a part of a finger, of the venerated saint! This chapel is shut against the female sex, save upon one day in the year; the great and liberal mind of Pope Innocent eighth having conceived this mode of avenging the ashes of the Saint upon the daughter of Herodias. Within the treasury is kept the "sacro catino", or as some say, the vessel in which Joseph received the blood as it flowed from the side of our Saviour! And regularly at appointed days during the year these sacred relics are carried before the starving, houseless, beggared, ignorant populace, and regularly are the coffers of the church filled and the bellies of the priesthood fattened.

By an ancient inscription upon this church you may learn that Genoa was founded by Janus I, the grandson of Noah! and that Janus II, Prince of Troy, afterwards took possession of it in the name of his ancestor. There is also a catholic tradition that, being destroyed, it was rebuilt in the days of Abraham, and again 1246 years B. C., and that 35 years after the death of Christ, Paul, Peter and Barnabas preached in this city.

The Ladies of Genoa may be seen in great numbers every pleasant evening walking upon the "acqua sola" a beautiful promenade upon the ancient ramparts. They are rather larger than the average of American ladies, with full black eyes, but destitute of expression; their features are regular and symmetrical, their forms stately and generally inclining to "en bon point," their walk remarkably easy and graceful. But what chiefly attracted my notice was the almost universal pallor, or what I would call dropsical transparency of their complexions, which may perhaps be ascribed to the exclusion of the air and the direct rays of the sun from their narrow and irregular streets, conjoined with the idle and luxurious mode of living of the higher classes. They seldom cover their heads with a bonnet, but wear, when out of doors, a long mantilla of white muslin, which falling from the head and forehead is fastened lightly under the chin, and from thence drops gracefully over the neck and shoulders to the waist.

To-morrow I am off, having taken passage in an American brig bound to Palermo, and if the Tyrrhean seas do not prove treacherous, you shall hear from me again from the rocks of Sicily.

Ricord on Venereal Diseases.

A practical Treatise on Venereal Diseases, &c., by P. H. Ricord, M. D., Surgeon of the Venereal Hospital of Paris, &c., translated from the French by Henry Pilkington Drummord.—Lea & Blanchard, Philadelphia, 1843.

A complete practical Treatise on Venereal Diseases, and their immediate and remote consequences, &c., by William Acton, late externe at the Female Venereal Hospital, Paris.—London, 1841.

We have placed the title pages of two recent works on Venereal Diseases at the head of this article, with the design of condensing therefrom a brief synopsis of the latest, and most approved pathological and therapeutical principles relating to this department of our science.—Foremost among those who have investigated with distinguished success this class of maladies, stands Ricord. Possessing immense opportunities for observation, in the wards of a large Hospital specially devoted to these diseases, and in an extensive private practice which his reputation and position have secured to him, he has not lost sight of scientific objects, but has continued the prosecution of his researches with a degree of zeal and ability worthy a faithful votary of science. In this specialty Ricord occupies a position with which there is scarcely a parallel in any other department of medicine. He may be said to represent, in his opinions, the present condition of the pathology and therapeutics of this branch of nosology. We have thought, that by giving such a synopsis as we have proposed, we should render an acceptable service to our readers, from the fact, that, in general, practitioners do not meet with a sufficient number of venereal cases to prosecute continued investigations for themselves, nor to stimulate them to much attention to the literature of this particular department; and, yet, all are liable to meet with cases of importance, which may involve questions of great nicety, and be attended with not a little responsibility. In making the synopsis, we shall avail ourselves almost exclusively of the two works referred to in the caption. The first is a translated work of Ricord himself, the greater portion of which is devoted to his researches upon inoculation. The second is written by a pupil of Ricord, and the object is, mainly, to make known the results of his investigations to the English reader, which, however, the Author's own observations have enabled him to confirm. It is an English work, which has not, to our knowledge been republished in this country.* It is accompanied by a volume of plates, exhibiting the pathological appearances of the various forms of these diseases, which rival, in beauty of execution, the splendid engravings lately published by Ricord himself.—In giving an analysis of the contents of these works, we are compelled, in order to adapt ourselves to our narrow limits, to omit much that we should be glad to embrace if we were not restricted in space. We shall confine our attention, chiefly, to those points which are of practical interest or importance. Our object, as already stated, is to render a labor-saving service to those of our readers who have not time or opportunity to bestow perusal upon the works themselves; but, in addition to this, we trust that the incompleteness of our analysis may determine some to go

* Since this was written it has been issued from the press of J. S. Redfield, New-York.

directly to these works for information, who otherwise would not. We shall treat of the subject in two successive numbers, devoting attention in the present number to that class of venereal affections, usually entitled *Gonorrhœa*.

Ricord rejects altogether the use of the term *Gonorrhœa*. It has, as all must admit, no etymological significance, and there is nothing but the sanction of usage to be quoted in its favor. Ricord, however, is led to reject it from certain pathological views, which, we presume, will strike some of our readers with surprise. He does not regard the disease commonly called gonorrhœa to be essentially different from that known as leucorrhœa in the female. In fact, he classes them together under one appellation, viz: *Blennorrhagia*—signifying, etymologically, flow of mucus. We will not discuss the appropriateness of the title. It is certainly preferable to that which signifies a flow of semen, and, perhaps, is the best which could be adopted. Of the pathological principle just stated, we will say a few words. He does not regard *Blennorrhagia*, in any form, as involving any thing *specific*—a peculiar *virus* in other words. It is defined to be a “simple inflammation of the mucus membrane, a consequence, more or less direct, of sexual intercourse, not necessarily, although often contagious.” Of the circumstances which give to the products of this inflammation a contagious property in some cases, while, in others, it is devoid of this property, we do not find much discussion in these works. The doctrine as thus stated, if we do not err, is quite at variance with the opinions which are generally entertained by practitioners in this country. The latter recognize a distinction founded chiefly on the hypothesis that the property of contagion is dependent on *something specific*. Ricord regards the disease, when propagated by contagion, not produced “by any thing specific in the muco-pus, but as a consequence of simple irritation;” in fact, as from “any chemical irritant.” We confess we are not prepared to accept this doctrine fully, even on the authority of Ricord. Of course it would be absurdly presumptuous to provoke any comparison of data upon which individual conclusions have been drawn, yet facts which have occurred under our own observation (as they have under the notice of every practitioner) strike us forcibly as opposed to this view. All medical men know how common leucorrhœa is among married women; probably not one in ten escape it altogether, during a period of five years of married life. We have in a few instances known an urethral discharge in the husband fairly attributable to this source, but, if the views of Ricord are correct, ought such cases not to be vastly more frequent than they are? As a matter of statistics, which we can to some extent estimate, compare the number of individuals who are constantly exposed to the contagion of leucorrhœa with impunity, with the number who become affected from impure sexual intercourse. The difference of ratio in the two instances is immense, and we do not see how it is to be accounted for, unless we admit the existence of a distinct poisonous principle in the one case which does not obtain in the other. In this comparison, we are to take into account the use of precautions which are probably as common in the latter case, as they are seldom resorted to in the former; and, also, another fact, which, in so far as our observations have extended, has been invariable, viz: urethral discharge due to leucorrhœa is compar-

atively a slight affection, yielding, in all cases, readily to simple medical treatment.

We should remark here, that Ricord does not admit any identity of essence between Gonorrhœa and Syphilis. The former he distinguishes as Syphilitic affections—resembling Syphilis. The grand test of the distinction is inoculation. It is here that the researches of this distinguished observer have been eminently useful to science. We shall speak more particularly of this when we come to treat of Syphilis. In this connection it will suffice to say, that notwithstanding numerous experiments, made in every variety of mode, no specific results have been produced by the introduction of gonorrhœal discharge into the cellular tissue. This furnishes a radical distinction between it, and the products of a truly syphilitic affection. It has a peculiar affinity for mucus surfaces. The conjunctiva and rectum may take on consecutive disease from direct contact; the buccal and nasal surfaces, however, are not known to have become thus diseased. We might adduce facts appertaining to *gonorrhœal* ophthalmia in support of the views commonly entertained on the specific quality of gonorrhœa, but this would lead us into too extended a discussion.

If the principle just referred to of Ricord be not correct, there is a manifest impropriety in including all discharges directly or indirectly consequent upon sexual intercourse, under the same generic term. The distinction now intended to be conveyed by the terms *gonorrhœa* and *leucorrhœa*, should be maintained, but other names might doubtless be selected more appropriate. In expressing our opinion of an essential distinction, we are free to admit that the diagnosis between the two is not easy, nor, in all cases practicable; nevertheless, this is not conclusive against such a distinction, provided there be a wide difference in results, and in other circumstances not immediately appreciable by the medical observer.

One of the most important of the demonstrations of Ricord relates to the fact that a gonorrhœal discharge to all appearance, in some instances has been known to produce syphilis, and to develop the usual characters on inoculation. This fact, according to Ricord, is conclusive evidence of the existence of a chancre within the urethra, which occasions a gonorrhœal discharge as a complication. The practitioner, will, at once, perceive the importance of close examination of the urethra in all cases of apparent gonorrhœa. He will, also, see the necessity of caution in stating to a patient the nature of the risk incurred in exposing another individual to infection. In cases where it is important to demonstrate the presence or absence of the syphilitic virus, we may resort to inoculation of the same individual as an unfailing test. To gonorrhœa complicating chancre he gives the name of *virulent gonorrhœa*.

Whether we admit that the contagion of gonorrhœa generally involves the presence of a virus of a specific nature,—although different from the syphilitic virus—or not, the importance of being able to distinguish the circumstances characterizing a more or less degree of communicability, is equally apparent. Here seems to be a blank in the history of this class of diseases which remains to be filled by future researches. Farther observations, either with the microscope, by chemical analysis, or by some method analogous to inoculation in syphilis, may discover satisfactory means of practical discrimination. At present, it must be confessed, we have no demonstrable tests.

The interval of time which elapses between exposure and the development of the disease, is a point of considerable practical consequence. Ricord believes that in all cases a few days only elapse. He does not admit a period of *incubation*; cases apparently controverting this position, he explains, either by attributing them to a new infection directly or indirectly received, or to causes which do not involve contagion. The case given by B. Bell in which it became developed sixty days after sexual intercourse, he discredits, or regards it as susceptible of explanation irrespective of the sexual exposure.

In speaking of the origin or reproduction of gonorrhœa (blennorrhagia) from other causes than sexual intercourse, Ricord remarks as follows with reference to Asparagus: "I have seen more than one person attacked with gonorrhœa annually in consequence of eating asparagus, and on leaving off this vegetable the discharge has ceased." This suggests an obvious caution in the dietetic management of cases of this disease.

When is a patient secure against communicating the disease? Few practitioners of experience but have had questions addressed to them with earnestness on this subject. There are cases in which it is of great importance to be able to give a definite answer to such questions. We will quote Ricord's opinion on this topic, and the quotation will also embrace his views of the conduct which the medical adviser is bound to pursue in certain cases of peculiar delicacy and responsibility. Mr. Acton says, "Ricord considers that when the secretion is reduced to a thready mucus, which is transparent, like vermicelli, contagion is not to be dreaded. On the contrary, so long as the secretion is purulent, it is capable of causing a similar complaint in any mucus membrane with which it comes in contact." * * * * "Patients sometimes present themselves to me to know if they may marry. I persuade them against it if they have a simple gonorrhœa; but if it be a virulent complaint,—i. e. Syphilitic—I wash my hands completely of the affair. If they still persist, I tell them that they may give a gonorrhœa to their wives, which, unless cured previously to confinement, may cause a loss of eyesight to the child:—called, however, afterward to cure the lady, I attempt to explain the affection which she has contracted, by speaking of the fatigue of the honey moon, as well as the *dejeuner a la fourchette*, and, in the interim, cure both parties, of course forbidding connection. Such is the part that a medical man often has to play, and many disputes in married life may be thus avoided, and the Surgeon must lend himself to deception."

We pass now to the treatment. This, Ricord divides into 1st, the Prophylactic, which we omit; 2d, the *abortive*, in other words, treatment with a view to strangle the disease before its full development; 3d, the curative, properly so called. This branch of the subject is treated quite comprehensively in the work by Ricord. The style is, however, so close that it is difficult to condense. We must omit details which are of minor consequence.

He first considers the treatment of the disease in the female, and here the reader is to bear in mind that he refers to all blennorrhagic discharges, embracing both leucorrhœa, and gonorrhœa proper. The disease may involve in the female the following parts, alone or combined: vulva, vagina, uterus, and urethra. This leads us to speak of the speculum, which is so freely employed in Paris. Excepting in active inflammation of the

parts the advantages of an ocular inspection are obvious. It enables in certain cases to determine the exact location and character of the lesions upon which the continuance of the disease depends. Motives of delicacy have prevented its adoption, to much extent, in this country, in private practice. Mr. Acton says that the inmates of the Venereal Hospital for females once rose in mutiny against it, but were finally reconciled; and, now, Ricord states that he frequently receives notes from the *elite* of Paris requesting his attendance, with a postscript intimating that his speculum will be required. With regard to its use among us, we believe there are extremes on either side to be avoided. A modest female should not be desired to submit to that violation of feminine delicacy which the use of this instrument requires, for mere scientific curiosity, nor unless important information is to be expected from this source; and on the other hand, where it is necessary to a satisfactory diagnosis, and effective treatment, it should be insisted upon as an indispensable condition of assuming the responsibility of the case. There can be no doubt that it is not sufficiently used in this country. We cannot, we confess, speak of its value from much personal experience, but those of our friends who have been more faithful in this respect than ourselves, have assured us that they have not encountered that degree of opposition, or repugnance, which we might be led to expect. Of course much will depend upon the manner in which it is proposed, and the subject presented to the patient.

During the acute stage, in the female, Ricord recommends absolute rest, abstemious diet, general baths, with local injections, while in the bath, of the same water. Leeches may be applied on the exterior of the greater labia, or on the fold of the thigh. The local remedies are cleanliness, and slightly narcotic fomentations. The diseased parts may be isolated by introducing tampons of fine lint dipped in emollient, narcotic fluids. If the uterus be affected, emollient cataplasms may be applied to the hypogastrium. He never applies leeches to the cervix uteri. Strangury, dependent on *urethritis*, is often relieved by a tampon imbibed with a solution of belladonna.

An affection of the ovarium, analogous to orchitis in the male, is believed by Ricord occasionally to occur as a complication in the female.—This is to be treated by antiphlogistic measures commensurate with the intensity of the symptoms.

The abortive treatment, as he styles it, rarely obtains in women, from the fact that they seldom apply very early in the disease. In this respect it is far different with the other sex. During the acute stage, when the disease resists the measures just mentioned, Ricord states that he sometimes obtains astonishing results from the use of nitrate of silver. This he applies by means of the solid stick, or by lint dipped in a solution, introducing, in the former case, dry lint after the cauterization. He never prescribes copaiva, or cubebs, deeming them either hurtful, or without effect. He never administers mercury in the acute stage, and very rarely afterward.

After the acute stage has passed, he considers it important to hasten the cure, so as not to allow the chronic state to become established. For this he depends on injections, chiefly. He prefers over all others, solutions of the crystalized acetate of lead, or of sulphate of alum and potassa. The strength of the solution is to be increased to an ounce to a pound of water.

He adds, that, "by means of injections, and tampons dipped in the same liquids, sixty out of a hundred patients will generally be cured in the space of from twenty days to two months, including the treatment of the acute stage."

When it becomes chronic, however, it may not yield promptly. The question will now arise whether the tissues have undergone change.—This is to be ascertained by ocular inspection. If no lesions have occurred he employs applications of a more tonic character, as decoction of oak bark, with equal quantity of solution of the sulphate of alum, zinc, extract rhatany, sublimate, &c., successively. He attributes much efficacy to *isolation* of the diseased parts, as he terms it, by moderately distending the vagina with dry lint. When the internal surface of the uterus is the seat of the disease, he injects this organ with a solution of the nitrate of silver, six grains to the ounce. As this ought to remain but a short time, he employs a syringe with two pumps and separate canulas, by which he first injects the solution, allows it to remain a minute or two, and then forces in pure water to wash the surfaces.

Ulcerations, or papular granulations must be cauterized with nitrate of silver, or with nitrate of mercury, previously cleaning their surfaces with a piece of lint. Where the ulcerations have destroyed the tissues, however, to much depth, the caustic must be cautiously used. Sprinkling calomel and covering with dry lint, will, then, sometimes succeed.

Copaiva and Cubebs appear to have no decided action upon the disease affecting the vagina or uterus, while upon the urethra, as in men, it has a powerful effect.

After the cure of the disease, he recommends injections of cold water, to be continued for some time, excepting shortly before and after, as, of course, during menstruation. He adds some useful instructions respecting the mode of using local applications, but these our limits will not allow us to notice.

Treatment of Gonorrhœa in the Male.—The affection in the male consists of two varieties, dependent on its location, and the two may be presented singly, or combined. When the discharge emanates from between the prepuce and glans, constituting what has been called external gonorrhœa, bastard-clap, &c., Ricord distinguishes the affection by the title of *balanitis*. The treatment which he finds most effective for this variety, is to cauterize slightly the diseased surfaces with the nitrate of silver, afterward placing a bit of dry linen over the glans. Subsequently to the operation, compresses dipped in cold water, or diluted liq. plumbi, should be applied. When this form of the disease is complicated with phymosis, some difficulty may arise in consequence of not easily getting access to the diseased surfaces. Whenever practicable, the cauterization will be found most effectual if made with the solid nitrate; when this cannot readily be done, a solution may be used as an injection. "In the treatment of balanitis, neither mercurials, copaiva, nor other anti-gonorrhœal medicaments are required."

The foregoing is a somewhat rare variety. The disease usually affects the urethra and this alone, constituting *urethral blennorrhagia*, according to Ricord's arrangement, or *urethral gonorrhœa*, or *gonorrhœal urethritis*. The treatment relates first to the *abortion*, or *strangling*, to use the hyperbolic language to which the French are prone in the application of

epithets. Ricord advocates the principle that the disease is to be cured as speedily as possible—that no danger is to be apprehended from the sudden arrest of the discharge by appropriate measures, but, on the other hand, the unpleasant symptoms, and consequences, are in direct proportion to the duration of the disease. This is an important principle, and one which is not, we imagine, generally recognized by practitioners.—To cut short the disease if practicable, is, frequently, if not generally deemed injudicious, inasmuch as it is considered to involve a greater liability to accidents—such as swelled testicle. According to Ricord's view, however, this, and other accidents are far less liable to occur if the full development of the disease can be prevented, or, if developed, it be speedily cured. We have, then, his authority to adopt measures without delay to arrest the disease, if possible, before it attains its height, and under all circumstances to adopt that course which will cure the disease in the shortest period, provided the course, in itself, be unattended with risk of injury.

The measures taken to arrest the disease are to be adapted to the condition of the parts, as respects pain, and other indications of acute inflammation. If acute symptoms have developed themselves before the case comes under treatment, twenty or thirty leeches may be applied to the perinæum, and copaiva, or cubebs administered in pretty large doses, so as to produce a perturbatory effect, or a sudden revulsion. Frequently by this treatment conjoined with rest, low diet, suspension, &c., the discharge will stop in 3 or 4 days, or, if the disease be not cut short, its progressively acute character will cease, and by continuing the treatment it will terminate on the 20th or 21st day. He does not advise injections at the commencement if pain and other acute symptoms are present. On the other hand, if these symptoms are absent—if the disease do not commence with them, or the patient applies before they have time to be developed, injections may be pursued with much expectation of success, and without any fear of ill consequences. The means proposed by Carmichael of injecting a solution of silver, 10 grains to the ounce, he does not approve of. It will often succeed: but the surgeon plays at a game of double and quits; if it fail, it may do harm in addition to the failure. He recommends, in lieu of this, a very weak solution, $\frac{1}{4}$ gr. to the ounce of distilled water, and eight single injections to be made, at regular intervals, with a glass syringe, during the first 48 hours. The cubebs, or copaiva, to be given in conjunction, and continued afterward. By pursuing this course, Mr. Acton declares that in 50 out of 100 cases the disease will be immediately checked, without fear of swelled testicle, or stricture.

When in spite of appropriate measures at the commencement, the disease passes into a chronic form, injections of liq. plumb. may be employed for 6 or 8 days, and if no results are produced, the nitrate of silver may be again tried, and, successively, other astringents, such as alum, zinc, &c. When a whitish gleet only remains, injections of red wine holding in solution pure tannin (3 grs. to $\mathfrak{z}$) will often prove effectual. The anti-gonorrhœal medicaments may also be employed. These embrace more especially, copaiva and cubebs. The former he places first in efficacy. He prescribes it pure when it will be borne, in doses of

from 3i to ʒi two or three times daily. The cubebæ he gives in doses of ʒi to ʒii, from one to four times daily.

For the details of the management of the varieties and phases of the disease we must refer to the work of Ricord. The instructions are given with remarkable conciseness, so that it is impossible to do justice by an analysis without quoting the greater part of this portion of the treatise. His general views with regard to injections are specially important. Many practitioners of late years have abandoned their use almost entirely, from an impression that they are liable to induce stricture. Ricord attributes this result rarely, if ever, to the effect of injections, but to the duration of the complaint. Hence to prevent organic changes, he endeavors, by this mode, to cure the disease as rapidly as possible. He considers the apprehension of danger from repercussion utterly groundless.

During the continuance of the disease, and for some time afterwards, he recommends abstinence from the warm bath, as he has observed this to increase and even recal the discharge. We have had occasion to observe this fact.

Cases of Gonorrhea, as almost every practitioner is able to testify, will occasionally be found to resist every method of treatment by medicaments, and locally, by various injections. In these cases it is to be presumed there is some permanent difficulty in some portion of the urethra, and this canal is to be carefully explored to determine its location and character. This exploration will probably discover either increased sensibility at some portion, or stricture. If the former, Ricord adopts the practice recommended by Lallemand, of applying the solid nitrate of silver. Of the treatment of stricture, we must refer the reader to this and other authors on the subject. We shall also omit an account of the pathology and treatment, of swelled testicle, or, as Ricord terms it, *gonorrhæal epididymitis*, except to notice that when this complication exists, it does not prevent him from treating the urethral discharge by injections, &c.; and, also, a method which appears to be original with himself, viz: compression. He says that by means of compression he obtains the cure of sympathetic epididymitis in five or six days, prevents the development of hydrocele, and permits patients to follow their occupation without any ill effects. This practice is new to us. We give his description of its application in order that our readers may be induced to try it, as, of course, they will be ready to do on the authority of Ricord:

"Compression is applied by means of bandages of emplastr. c. hydrarg. about half an inch in width. The diseased testicle being carefully held, so as not to occasion too much pain, is to be turned toward the lower part of the scrotum, without distending the cord, at the same time separating it from that on the other side. The strips should then be applied in circles, beginning by placing the first on the insertion of the cord, and sufficiently firm to prevent the organ from slipping. This being done, the circles should be continued around the testicle, so as to produce a considerable, but uniform pressure, avoiding as much as possible making any folds in the skin. Beyond this point, separate straps should be applied, so as to exercise a pressure from above below, and thus forming a kind of basket." He adds, "if this dressing is to succeed, the sufferings of the patient will diminish from the moment of its being applied, and, at length, entirely cease. If this be not the case, it must immediately be removed."

Other collateral subjects connected with Gonorrhœa, such as gonorrhœal ophthalmia, phymosis, paraphymosis, &c., we must also pass by.—We have endeavored to give a succinct account of the prominent and peculiar views of Ricord, as developed in the two works placed at the head of this article, in so far as they relate to the subject of gonorrhœa in general. In our next number we purpose to resume the analysis, presenting, in the same manner, his opinions on the subject of Syphilis.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Medical Reform—National Convention.—We have taken occasion in each of our preceding numbers to offer a few desultory remarks on the subject of medical reform. Since all must agree that the existing state of the profession loudly calls for reform, the subject is not only a legitimate one for the Medical Journalist, but one, the importance of which claims for it especial attention. If, however, any apology were required for so constantly referring to it, we might adduce the fact, that, at the present time, the subject is one of peculiar interest, in consequence of an approaching convention of delegates from the different Schools and Associations throughout the Union, to take into consideration means for improving medical education, and elevating the character of the profession.—As regards the meeting of the Convention, we are glad to see in the January number of the New York Journal of Medicine, an assurance from Dr. Davis, (on whose motion the plan was adopted by the New York State Society) that it is now no longer a matter of question that it will be held, and numerously attended. We shall continue, therefore, to throw out such ideas as occur to us, with a view to excite attention toward the subject, and to suggest trains of reflection in the minds of our readers. Our pages, also, are open to free discussions of the various questions which the subject embraces, by any of our correspondents who choose to engage in it. We have no particular plan to advocate, or objects to secure.—We go for reform; and we care not what particular method be pursued, so that it be judicious, and calculated to produce the desired result. We are willing to leave the ways and means to the deliberative wisdom of a body of men composed of the most sagacious, prudent, and high-minded members of the profession, from the different parts of the Union: Of such men, it is to be hoped, the Convention will be composed.

A want of interest in the subject by the profession generally, an apathy often founded on the too hasty belief that nothing can be done to remedy existing evils, is a serious obstacle in the way of reform. We have more fear from this, than from any other source of failure in the proposed method of concerted action. We fear that the profession will not be so fully represented as it ought to be, or that proper care and discrimination will not, in all cases, be exercised in the selection of delegates. The consequence will be, that some interests being, or appearing to be represented more than others, the measures determined on will labor under the imputation of being partial, or partizan in their character. We wish the appeal could be made to every local medical association throughout our country, to make this the subject of formal, deliberative consideration,

and not to fail to unite in an object which embraces the general, permanent welfare of the profession. We look upon the present movement as a highly critical one, believing, as we do, that any system to elevate the character of the whole profession, and to establish uniformity in medical education and requirements, must emanate from a national, medical congress, composed of members from every part of our country, representing fairly and fully all interests; and also, believing that if this attempt prove unsuccessful, a long period must elapse before another effort will be made.

Another source of danger is the diversity of opinions respecting the best means of effecting a reform. There is, unfortunately, a great want of unanimity in this respect in the profession. On all subjects there will be honest differences of sentiment, and, more especially on matters involving untried experience, this will necessarily be the case. We trust that different views may be so reconciled and harmonized, that the profession will cheerfully co-operate in whatever plan is adopted. If the character of the Convention should be such as to commend itself to the respect and confidence of the profession, our duty is plainly to accept its conclusions, and submit them to a candid trial. Above all, let not individuals be ready to attribute to those who advocate measures which they do not approve, selfish or unworthy motives. If such feelings be allowed to have much scope, the prospect of a hearty union and co-operation for a common purpose is at an end.

It is to be confessed that the subject of reform, is, in itself, of a complex and difficult character. It is not easy for one who endeavors to examine it with careful attention, and a mind free from any particular bias, to decide what is the best course to pursue. This consideration, while it should enforce the necessity of deliberation and prudence in forming opinions, should, also, suggest the propriety of entertaining due distrust of their correctness; and, at least, of exercising candor and liberality toward those which conflict with them.

When we commenced penning this article we designed to indulge in some reflections on the particular points which seem to us to claim especial attention in deliberating upon the means of reform. The views which we intended merely as introductory, have, however, extended themselves so far as to occupy all the space we can devote to the subject in the present number.

Erie County Medical Society.—The annual meeting of this Society was held on the 13th ult., at the Lecture Room of the Young Mens' Association. The report of the Committee appointed at the semi-annual meeting to take into consideration the subject of medical legislation and reform, and report thereupon for the action of the Society, in conformity with the request of the State Society, occasioned considerable discussion. The majority of the Committee reported two resolutions—one recommending that no application be made to the Legislature for new laws or for the alteration of existing laws, but if it be deemed expedient to make any application, it should be to abolish all laws regulating the practice of physic and surgery. A minority of the Committee were in favor of changing the present mode of conferring licenses and diplomas, depriving Medical Colleges and County Societies of this privilege, and confining it to a single, central board of examiners, or to a board for every senatorial district. The Society sustained the resolution reported by the majority of the Committee. The Committee, also, reported a resolution approving of the plan of a National Convention, which was adopted by the Society.

The annual address was delivered by Dr. John S. Trowbridge. The subject was *Puerperal Convulsions*. It was a creditable performance. The Doctor impressed the importance of being prepared for this truly terrible complication of the puerperal

state by sound views of its pathology, and correct principles of treatment. Fortunately the disease is rare, but every practitioner is daily liable to meet with it, under circumstances which will be most trying to his feelings, and which will call for the immediate application of all his knowledge, and his best judgment. The distinctions between it and Epilepsy, and Hysteria, were pointed out. Dr. S. regards it as a peculiar affection of the nervous system, with a tendency to conditions of the nervous centre analogous to those which obtain in Apoplexy. The importance of recognizing premonitory indications of its development, and prompt resort to an active depletory treatment in all cases where the diagnosis is certain, or even doubtful, was duly considered.

The address of the President, Dr. Wakeley, on retiring from office, was postponed until the next semi-annual meeting.

Dr. Wilcox, of this city, was appointed to deliver the address at the next meeting of the Society.

The following are the officers elected for the present year:

President, F. L. Harris, M. D.; Vice President, Isaac Parsells, M. D.; Secretary, Charles Winne, M. D.; Treasurer, H. N. Loomis, M. D.; Librarian, Josiah Trowbridge, M. D.; Censors, Drs. Scott, Pride, G. N. Burwell, J. S. Trowbridge, and Mixer.

Cyanosis of new-born Infants.—Prof. Meigs, of Jefferson Medical College, Philadelphia, being in Paris at the sitting of the Academy of Sciences in June last, presented to that body a communication on the above subject. The following is the substance of the paper as reported in the Dublin Medical Press, and quoted in the Bulletin of Medical Science for September:

The remedy which Professor M. advises, the efficacy of which seems to be substantiated by an extensive experience in his hands, is exceedingly simple, and plausible. It should be borne in mind by every practitioner. He is of opinion that death from this affection results "from the presence of dark, non-oxygenated blood in the brain, where its presence is hurtful, not because it acts as a poison, but simply because it is incapable of exciting the motions of innervation in that organ. It is useless to insist on the universally known fact that the persistence of the foramen ovale is the cause of cyanosis. As the occlusion of the foramen ovale is prevented by the torrent of blood flowing from the inferior vena cava, raising and keeping raised the inter-auricular valve, which is thin and floating, it occurred to Dr. Meigs to place the cyanosed child on the right side, with the head and trunk somewhat raised, so that the inter-auricular septum should be maintained horizontal, and the blood contained in the left auricle should press with its whole weight on the closed valve. Dr. Meigs has frequently seen the blue color disappear at the very instant the infant was placed in this position, proving that oxygenated blood only entered the arteries.

Dr. Meigs stated that he had thus saved lives of fifty or sixty children in one hundred: whereas, as is well known, all the means hitherto tried have failed."

Works of Hippocrates and Galen.—Dr. John Redman Coxe, of Philadelphia, formerly Professor of Chemistry in the University of Pennsylvania, and distinguished especially for his medical antiquarian lore, proposes to publish a translated epitome of the above works if 500 subscribers can be obtained. It will consist of two or three volumes of from 500 to 600 pages each, at a price not exceeding \$3 00 a volume. Physicians wishing to subscribe can forward their names to Lindsay & Blakiston, Philadelphia.

Contemplated Work on the physical condition and diseases of the region between the Gulf of Mexico and the Northern Lakes, by Daniel Drake, M. D., of the Medical Institute of Louisville.—The project of a work on the above subject was announced to the profession by Dr. Drake some years since. By the December number of the Western Journal we learn that he is now engaged in its composition, and that he looks forward to its completion at no distant day. The Doctor solicits facts bearing on the subject. We quote from his circular as follows: "Post mortem examinations, remarkable cases, and histories of epidemics of all kinds will be acceptable; in short, any well observed, and well recorded fact going to illustrate the causes, symptoms, or treatment of any of our diseases, will be gratefully received. As the morbid appearances in those who have died of our autumnal fevers have been but imperfectly set forth, he is extremely desirous of receiving cases of dissection of that kind. He is likewise anxious

to obtain accounts of the typhoid fever, and the erysipelatous fever, which, for the last few years, have prevailed in various parts of the West and South."

He asks, also, for meteorological observations, to come down to the end of the year 1845; and would like to receive accurate notice of the times in the ensuing spring when the following plants unfold their leaves: peach tree, white flowering locust, dogwood, and cotton wood. "In every case a number of trees should be observed, and the aspect of the spot, in reference to the sun, recorded."

Medical University!—Truly the wonders of steam in this enlightened age exceed all that could, by any effort of the imagination, have been anticipated! The Legislature of the State of Alabama have incorporated a *Medical University!* With our old fashioned notions we had supposed that this conjunction of terms involved a solecism, but we had forgotten the expansive powers of steam. The, so styled, Medical University, is a steam institution of the "purely Thomsonian order." The teachers say, that "an epoch in the history of Alabama will *bare* on the first Monday in Nov. 1845"—the lectures commencing at that time. The epoch is now passed some three months. It is time to "clear the track," and "look out for the engine!" There is something interesting in seeing a superb Humbug flourish. Success to the Steam Medical University of Alabama! *Vive la Bagatelle!*

Extraction of a broken Needle from the Hand—by Estes Howe, M. D. From the Boston Medical and Surgical Journal.—There are few things more embarrassing, in ordinary practice, than being called upon for advice, in a case where a needle has been thrust into the flesh, and is supposed to be still present. Very often the evidence of its presence is so equivocal, that one feels very doubtful as to the expediency of an exploration with the scalpel, even at the request of the patient, and still more so as to advising or urging the use of the knife. Yet where a needle is really present, in the hand or foot, or near an articulation, the importance of immediate extraction will not be denied. And where there is no reasonable doubt of the presence of a needle, its exact position, and the direction of its axis, are extremely difficult to determine. We are not at liberty to explore, by incisions in every direction, as we might on the subject, but must content ourselves, at most, with a moderate crucial incision, and it is too often the case that after a search for some minutes, unsuccessfully, our conviction of the existence of the object of our search, "oozes out at the end of our fingers," like Bob Acre's courage—the patient "is sure it's not there," or "it feels better and may work out,"—while our back aches, our eyes are dim with looking, our fingers are tired of *poking*, and we give it up, in a woful uncertainty as to the case, but quite sure that the patient has an ugly wound to no purpose. To be assured, therefore, of the presence of a needle, and within very small limits, of its exact seat, and the direction of its axis, is no small thing in such cases. Feeling confidence in our diagnosis, we may boldly continue our explorations to complete success—being always able to assure our patient, beyond a doubt, that we shall ultimately succeed.

CASE.—Mrs. F, while washing, thrust into the palmar surface of the right hand, about an inch and a half anterior to the pisiform bone, something sharp—probably a needle. Upon examination of the dress she was washing, the half of a needle was found, and the question was, whether the other half was, or was not, buried in the flesh. On examining the place, a small puncture was perceived, from which, I was told, no blood had issued, when I saw the patient an hour after the accident. I probed the puncture with the blunt end of a needle, pretty deeply, but could feel nothing, and ~~upon pressure~~ in various directions could not arrive at any unequivocal evidence of the presence of the broken portion of needle. The patient was very reluctant to submit to the scalpel, and I did not feel sufficiently sure to urge her to submit to it, while I was equally unwilling to have her run the risk of losing the usefulness of her right hand (upon which she and four children depended for bread,) by suffering the needle to remain, if it were really there. At this moment, the experiment of Mr. Alfred Smee, described in an article in the "*Medical Times*," of London, occurred to me, and I resorted to it with perfect satisfaction. His plan is to ascertain the existence and position of the needle, by rendering it a magnet. This may very readily be done, by subjecting it for a certain length of time to the action of a moderately powerful magnet. I procured, from a friend, a pretty powerful magnet—a steel bar about a foot long and a half inch square—well charged. This I bound upon the arm, placing one pole directly over the seat of the injury. Two hours after, I removed it, and upon

bringing a small magnetic needle, about an inch and a half long, into the immediate vicinity of the injured part, had the great satisfaction of perceiving that it was strongly acted upon, being attracted or repelled as I presented one or the other pole. By a few experiments I was able to satisfy myself very nearly of the position of one pole of the magnet; but the exact direction of the axis I was not able to determine without an experiment that I could not well perform with a needle suspended in the ordinary way, upon a point. I therefore magnetized a common sewing needle, and suspended it by a fine silk thread. Upon bringing the affected part very near it, it was obviously influenced, and upon repeated trials uniformly arranged itself in a particular direction, of course parallel to the axis of the imbedded needle. I had now established the presence of the needle beyond all doubt, and its precise position and direction. A very moderate crucial incision enabled me to reach and extract it, though not without some trouble from the extreme timidity, and intolerance of pain, in the patient. I am sure that I could not have induced her to submit to the operation, unless I had had perfect confidence myself in my diagnosis. Perhaps it may be thought that the magnetic needle would have been attracted by the imbedded needle before it was magnetized, but I ascertained satisfactorily, by experiment, that this was not the case.

It is true, so large a magnet is not always at hand, but a smaller one would have been effectual, and any person possessing an electro-magnetic apparatus might make one of any size. I have been so much pleased with the result in this case, that I shall never use the knife, where I have any doubts, until I have cleared them up in the manner described.

Items.—We learn that the Medical Schools, generally have large classes the present winter. We shall endeavor to obtain authentic statistics for our next number.—The New York Medical Intelligencer has been discontinued for want of patronage.—In preparing the syrup of the Iodide of Iron, according to the formula given in our last number, caution is required. Mr. Mathews, Druggist of this city, was exposed to considerable danger from the bursting of the bottle in which the iron wire, iodine, and water were agitated. He was attempting, however, to prepare a much larger quantity than the formula specified. There is no danger in uniting the quantities of the ingredients mentioned in the article referred to, provided a strong bottle be selected.—A suit was recently brought in Poughkeepsie, N. Y., for a bill for medical services rendered by a Clairvoyant. The case was decided for the defendant, on the ground that the system involves deception and fraud. If this be a valid defence why does it not apply to other systems of empiricism which are equally deceptive and fraudulent, e. g. homeopathy? We have no desire, however, to see this plea successful; those who deliberately commit the folly of patronizing every new fangled humbug should be compelled to foot the bills.—Dr. Lawson, Prof. of Path. Anatomy in Transylvania University, and editor of the Western Lancet, has recently returned from a foreign tour, and resumed his editorial labors.—We regret to see by the Lancet, and an extra from a Lexington newspaper, that a want of harmony exists between the Transylvania and Louisville schools.—Prof. Mitchell states in an introductory address which has been published by the Journal, that numerous applications have been made for the vacant chair at Lexington. The appointment was to have been made on the 30th of January.—We have received the first number of a publication entitled the monthly Miscellany and Journal of Health; edited by W. M. Cornell, M. D., Boston, Mass. It is to be devoted to all subjects connected directly or remotely with the physical welfare of society. It is afforded at the low rate of \$1 00. We wish the Editor success in his enterprise; but we are fearful that a popular periodical on the subject of health will not succeed without being spiced with Grahamism, Water cure, or some fashionable ~~superstition~~ humbug.

✠ Notices of our exchange Journals in continuation of the article in our 7th number are deferred for want of space. The following publications are acknowledged: Monthly Miscellany, and Journal of Health, Boston, Mass; Reciprocal obligations of Professor and Pupils, an introductory lecture by T. D. Mitchell, Prof. of materia medica in Transylvania University; Introductory lecture by Prof. Bedford, New-York University Med. dept.; Medical and Surgical Reporter; New-York Journal of Medicine and collateral Sciences; Illinois Med. and Surg. Journal; Circular and Catalogue of Castleton, Vt. Med. School; do. of Geneva, N. Y.; Bulletin of Med. Science; Western Lancet; President Pierce's address to the officers and students of the Cleveland Med. College.

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Ricord on Venereal Diseases.

Continued from page 212.

In our last number we presented to our readers a brief summary of the more important of the practical views and precepts of Ricord in relation to Gonorrhœa, as developed in a work by himself on Venereal affections, and in an English treatise by Acton, who prosecuted his observations under Ricord's instructions at the Venereal Institutions of Paris. We purpose continuing the analytical review of these works in the present article, premising, as before, that the limits to which we feel bound to adhere, preclude so full and satisfactory an exposition as we could desire, and that we shall endeavor to select what will be practically useful to the practitioner. Our remarks in the present number will be devoted to the class of Venereal complaints included under the name of *Syphilis*.

The questions whether there exists an identity of essence between Gonorrhœa and Syphilis, and whether they are under any circumstances mutually convertible, have been frequently discussed by medical writers. The experiments which John Hunter recounts of inoculation, however, would seem to settle this point, and demonstrate a radical distinction between the two diseases. He adduces numerous instances in which the matter of gonorrhœa was applied between the glans and prepuce, and introduced into the cellular tissue, without resulting in a single case in the development of a chancre; on the other hand, the matter secreted by a syphilitic ulcer was found frequently to reproduce, by inoculation, ulcers having the same specific characters.

This method of investigating the subject, viz: by inoculation, has been practiced by several observers, but with results which apparently conflicted with each other, and, thence, failing to afford any satisfactory conclusions beyond the distinction just stated. To Ricord is due the merit of having prosecuted experiments of this nature with much philosophical sagacity, and deduced certain facts which appear to settle the pathology on a firm basis, and which are susceptible of several important practical applications. A large portion of Ricord's work is devoted to the numerous observations of the facts connected with inoculation, his inductions therefrom, and their practical applications. We must pass over this portion very cursorily, much more so than we should desire, if, by extending our analysis we should not encroach on what is of greater practical import. We proceed to present, briefly, his general conclusions:

Pus taken from the surface of an ulcer *while the ulcer is progressive or stationary*, will give rise to a specific chancre, when inoculated in the same individual, with great certainty. This will not be the case after the ulcer begins to take on a reparative action, either spontaneously, or from the application of remedies. The omission to recognize the conditions of success which we have italicised, has been one cause of uncertainty and confusion attending previous experiments. The matter from gonorrhœa, never produces similar results unless there co-exist a concealed chancre within the urethra. Ricord explains by this complication those anomalous cases in which gonorrhœa has appeared to give rise to Syphilis.—The appearances presented by inoculation of the chancre-pus we should be glad to quote if our limits permitted, but we must refer the reader to the description contained in either of the works referred to. Inoculation, therefore, while it demonstrates the existence of a *specific virus*, radically distinguishing Syphilis from other Venereal affections, furnishes an un-failing test by which the existence of the disease may be determined.—In any case of doubt or uncertainty we have only to introduce some of the pus into the cellular tissue of the same individual, (the thigh or arm are usually selected) and if a true chancre be the result, the question is settled. If no specific result follows, *provided the primary ulcer be progressive or stationary*, we have conclusive evidence that the disease is *not* Syphilitic.

It is fairly deducible from the results of inoculation, also, that the primary chancre involved the previous contact of a specific virus. By analogy it would follow that a sore thus reproducing by its products a similar sore wherever these were applied, must have been originally derived from a prior sore of the same character. Hence, we are to regard this disease transmissible, and extending itself only by the application and production of a specific morbid virus. An important inquiry follows: Are the consecutive affections following chancre capable of propagating the disease by inoculation? Ricord has applied this test, in the first place, to Buboës. He confirmed by his experiments the observations previously made, that the pus of buboës sometimes developed chancres by inoculation, and sometimes not: but by continuing his researches, he was led to the following inferences, which reconcile facts before unintelligible because apparently inconsistent with each other. He recognizes two kinds of buboës; one in which the inflammation and suppuration are merely sympathetic, proceeding, as they sometimes do, from other causes of irritation—for example from gonorrhœa; the other in which the virus is carried, by means of the lymphatics, from the chancre to the glands of the groin, and there being deposited, produces specific effects precisely as if by inoculation. In the former case, when the discharged pus is inoculated, negative results follow. In the latter case, a specific chancre is the result. Sometimes both of these forms of bubo co-exist even in the same groin. Ricord has met with cases of suppuration where an abscess being opened no results followed inoculation. At the bottom of the superficial abscess, however, another small collection of pus was found, which being opened, and inoculation practiced, a syphilitic ulcer was produced. These results are certainly highly interesting. A bubo produced by the absorption of virus, Ricord, in effect, includes among the *primary symptoms*. Acton applies to it the title of *internal chancre*.

A fact is stated by the latter Author with reference to the location of chancres as determining the development of buboes, which the practitioner will do well to bear in mind. It is, that when located at the inferior portion of the prepuce, and especially near the frænum, buboes almost invariably follow. The explanation of this is, that the *vasa afferentia* terminating in the lymphatic glands of the groin, originate here in great abundance.

Inoculation is made by Ricord the test of the distinction between the *primary* and *secondary* symptoms. Numerous experiments were made by him to ascertain if the morbid products of secondary affections—such as the pus secreted by ulcerations of the throat, &c, would produce syphilitic ulcers, but all were followed by negative results. This, therefore, leads to a fundamental distinction—but of this more appropriately presently.

Experiments were made to determine if the syphilitic virus would be efficacious after the lapse of several days from the time when it was taken from the chancre. He found that after being kept eight days in tubes similar to those for the preservation of vaccine it would suffice for inoculation. Nevertheless, he thinks, to quote his language, that "*the fluid which serves as a vehicle for the virus ought to possess a certain degree of warmth, or kind of life, which gives the virus the power of attaching itself to the new bodies to which it has been transmitted.*" He confesses his incredulity as to contagion by means of privies, commodes, and clothes previously worn by those affected, which, if we always placed implicit confidence in the veracity of our patients, enter very largely into the etiology of this disease! He states, and adduces instances to prove that the virus may be communicated in sexual intercourse, by either sex, without the individual communicating it being affected—the organs in either case serving simply as mediums of transmission from an affected person to others.

The question could hardly fail to suggest itself to any one occupied in researches of this nature, whether something might not be discovered which would neutralize the virulent action of the syphilitic poison, and thus prevent the development of disease after exposure to infection had taken place. Accordingly we find that various experiments have been made with a view to the solution of this problem. Ricord recounts the experiments made by Luna Corderon in Paris, in 1845, in which, in presence of a medical commission, he subjected himself repeatedly to inoculation, in the first instance permitting the disease to continue until its characters had developed themselves sufficiently to demonstrate its existence, and after this, in the other trials, preventing the specific operation of the virus by certain remedies which he kept secret. The caustic alkalis, and weak acids, when mixed with the pus *before inoculation*, destroy its property of producing the disease; but these, nor aught else which Ricord has tried, are successful after the virus has once been introduced into the tissues. To quote his own expression of the results of his observations, "The efficacy of any of the above mentioned prophylactics cannot be depended upon for destroying the virulent pus which has even only just been put upon an entire surface, or momentarily to destroy a virulent secretion of an individual who could otherwise communicate disease." Nevertheless, Ricord expresses a confident anticipation that

scientific investigations will "one day arrive at the discovery of an absolute neutralising substance for the specific principle of syphilis." Mere inoculation, of course, could not be expected to act in the light of a preservative, as in the case of variola, since it is well known that the disease may be contracted successive times with not less facility than at first.

It has been suggested that the artificial induction of this disease by inoculation may be useful in curing other affections; and, indeed, the trial has been made in several cases of protracted lues venerea, as it is stated with successful results. Ricord, however, does not concur in the propriety of subjecting a patient to the unforeseen dangers incident to the induction of this disease, or to a new infection, while the benefit which he may derive is entirely problematical.

Finally, Ricord illustrates the application of inoculation to certain questions of a medico-legal character: for example, suppose an individual with gonorrhœa to be accused of committing rape upon a female who is found subsequently to have chancres; provided the gonorrhœa be not dependent on a concealed chancre, this coincidence cannot be regarded as evidence of his guilt, which it might be considered to be, had not inoculation demonstrated the inconvertibility of the two affections; and as regards the supposition of concealed chancre, inoculation enables this point to be satisfactorily determined.

With this general view we leave the subject of inoculation. The views of Ricord as connected with this subject, involve, to a considerable extent, his general opinions on the pathology of the disease. We will add somewhat, however, to the development of the latter before passing to the subject of treatment. Ricord considers the disease divisible into five forms, or, rather, he makes five classes of the symptoms more or less directly connected with syphilis. The *first* class embraces the *primary* affection, which is chancre from the direct action of the virus. The *second* class embraces the affections immediately succeeding (successive symptoms) as new chancres produced by direct extension of the virus from the first (a kind of involuntary inoculation;) and buboes, furnishing healthy, or virulent pus. We would here remark with respect to the occurrence of buboes not preceded by chancres, that in cases where such appears to be the fact, Ricord attributes their origin (if they are truly syphilitic, as determinable by inoculation) to chancres which escaped observation. Frequently it has occurred to him to discover on examination chancres, the existence of which the patient had never suspected, and if not discoverable, they may have existed and spontaneous cure taken place. The latter is not of very infrequent occurrence. The *first* and *second* classes, it will be observed, include affections in which a virus capable of inducing specific effects on inoculation is reproduced. The *third* class embraces what are ordinarily termed the *secondary symptoms*—symptoms expressive of a general infection of the system. Concerning the mode in which the constitution becomes affected, and the pathology of that general condition which precedes the local development of secondary symptoms, Ricord does not advance any speculations; and speculations are all that can be advanced on this subject in the present state of our science. He designates this constitutional state the *syphilitic temperament*. The virus in being introduced into the system, (if it be

introduced) and producing this temperament, must undergo important modifications; for the secondary, local affections do not reproduce it in any form susceptible of producing specific effects by inoculation. Non-inoculability, as already mentioned, is made a characteristic of the *secondary*, as distinguished from *primary* symptoms. The secondary symptoms are capable of being transmitted by inheritance from mother to child, the latter "presenting after birth general symptoms corresponding to those of the mother, without previous primary affection." This is a characteristic of the class of secondary symptoms, as distinguished from the classes which follow.

These symptoms may develop themselves on the skin, the mucus membrane, eyes, testicles, &c. The particular characters which distinguish them, and the phenomena connected with them, our limits compel us to pass by. According to the observations of Ricord they seldom occur before the first two weeks of the duration of the primary affection, and, generally, after the *fourth, sixth, eighth*, or even much later. His observations, also, lead him to the conclusion that they rarely occur when the chancre does not have an indurated base, and edges, (the Hunterian chancre) and that they are rarely absent if these characters are present.

The *fourth* class embraces the *tertiary* symptoms. These occur at indefinite periods, generally long after the cessation of the primary affection, and are usually absent unless preceded by secondary symptoms. They are not inoculable, nor hereditary. Under this head he includes nodes, deep-seated tubercles, periostosis, exostosis, caries, necrosis, &c. These denote a condition of the system which is often considered scrofulous, which is in such cases but "*degenerated Syphilis*." They indicate a general cachexy, developed by the operation of the Syphilitic poison; but in which the specific character of the virus is still more remotely operative than in the class of symptoms last mentioned.

Lastly, the *fifth* class embraces other affections in no wise connected with Syphilis, but the development of which has been favored by it—such as cancer, phthisis, scrofula previously existing, scurvy, &c.

We will now enter upon the *treatment*, to which the remainder of the article will be devoted. On this, as indeed every branch of the subject, the style of Ricord's treatise is so condensed, that it is impossible to give an abstract which will do justice to it. He says no more than he deems important, and that in the fewest possible words. We must confine ourselves to a brief account of the general principles of his practice, omitting, for the most part, particular modifications. He treats, first, of the treatment of chancre.

When this is presented in the form of a pustule or a small follicular abscess (two forms of the incipient development of the disease) he immediately punctures, evacuates the contents, and cauterizes with a sharply pointed stick of the nitrate of silver. If an ulcer be present when the disease is first examined, (as is generally the case) he resorts at once to cauterization, which he repeats until the surface takes on distinctly a healing action. In addition to this, in ordinary cases he makes use of dry lint to absorb the secretion, which he directs to be frequently changed, or lint dipped in the aromatic wine of the French Pharmacopeia. The object of the latter directions is to prevent the virus from accumulating, or extending the disease by contact with the neighboring parts. For the

first five days after infection he apprehends not the least danger of constitutional infection. He states that there is not an authenticated instance in which this has happened. On this topic, he says "I have found in the subjects affected with constitutional syphilis who have come under my observation that the chancres had never lasted less than ten, twelve, or fifteen days, and in the majority their existence had been prolonged to two, three, four, five and six weeks, and longer."

When the tissues surrounding the chancre are engorged, or when it has acquired considerable extent the *nitras argenti* is not sufficiently energetic. In such cases he employs the caustic potash, or the Vienna paste, (equal parts of caustic potash and quicklime moistened with alcohol.)—These are of course to be applied with caution.

The object of these local applications is to destroy as speedily as possible the specific character of the ulcer, preventing the secretion of virulent pus, from which successive symptoms and constitutional infection follow, and inducing a condition favorable to reparation.

When the chancre assumes a phagedænic character, he directs his attention to circumstances which may induce or promote this tendency irrespective of the syphilitic disease, which may be some visceral derangement, a cold, damp dwelling, &c. After bestowing proper care upon these, and using nitrate of silver, emollients, anti-phlogistic narcotics, if the chancre still remains stationary or progressively advances, he either applies to it a blister, or sprinkles it with cantharides. If it succeeds a *bubo* he frequently fills the suppurating cavity with powdered cantharides, afterward dressing with the aromatic wine—in lieu of the wine Acton uses a combination of decoct. Querc. and tr. Catechu. The Cantharides may be renewed every three or four days until granulations appear.—Indurated chancre he deems deserving very particular care. Cauterization with the *nitras argenti* cannot be relied upon to cure the ulcer because it does not extend its influence beyond its limits, its local effect is however generally salutary. A favorite application is a combination of calomel and opium combined with cerate. But in this form of the disease he relies very much on the internal administration of mercurials. We have purposely avoided alluding to this remedy before in order to present the general views of Ricord as applicable to the various forms which the primary symptoms may assume. He evidently considers mercury quite unnecessary so long as there is no danger of constitutional infection from absorption. In the phagedænic form, in most cases he regards its operations prejudicial, yet in some instances it exerts good effects. He does not therefore resort to it unless other measures fail. Also where the phagedænic ulcer proceeds to a gangrenous form of inflammation (a variety we have not before alluded to) he says the worst results sometimes follow the empirical use of mercury. These cases are to be treated for the peculiar form of inflammation which they involve, overlooking for a time the primary cause. Afterward the chancre is to be treated upon the ordinary principles.

If we rightly apprehend his views then, he does not believe mercury to be required, and frequently, if not generally contra-indicated, excepting in cases of *indurated chancre*. This form of chancre our readers will recollect is observed to be the form generally preceding constitutional infection.

In bringing the system under the influence of mercurials, he pursues the mildest possible means. He usually gives the *proto-iodide* in one grain doses with *Hyoscyamus* at night, five hours after the last meal. It is to be continued until the induration ceases and for some time afterward. He does not deem it necessary to salivate; and this result is extremely rare at the Venereal Hospital.

The use of mercury in syphilitic diseases is a matter of great practical importance. Its indiscriminate and excessive employment has doubtless been a source of great evils, and the serious consequences of this remedy have been often confounded with the effects of the disease. On the other hand the advocates of the non-mercurial plan have carried the matter to an opposite extreme. There is a *juste milieu* somewhere, which it is very desirable to ascertain. If the views of Ricord be correct, he has conferred great benefit upon this branch of practice by indicating the circumstances which denote the use of this remedy, and those under which its use is unnecessary if not always injurious. Our space will not admit of commentaries or we should have more to say on this head.

Of the treatment of Buboës.—The treatment for buboes at their commencement is directed to the prevention of their further progress. For this object absolute rest and the anti-phlogistic regimen are to be enjoined. In addition to these, Ricord employs, when it can be borne, methodic compression either by bandage or by a kind of truss devised for this purpose. This measure is, we imagine, but little used in this country. If this cannot be borne, or proves ineffectual, he covers the tumor with a blister, removes the epidermis, and places on the denuded skin lint dipped in solution of corrosive sublimate, 20 grs. to the ounce, which is allowed to remain two or three hours. Sulphate of Copper 2 or 3 drachms to the ounce, may be substituted for the corrosive sublimate. To obtain the desired effect an eschar must be produced penetrating part of the dermis. This method of treatment is only to be resorted to in buboes following chancre and where a virulent bubo is anticipated. Where they are symptomatic of gonorrhœa or merely sympathetic of chancre, he is satisfied to apply cold lotions, or cataplasms, leeches, sedative applications, and rest, in conjunction with general measures, such as saline cathartics and low diet.

When suppuration results notwithstanding the efforts made to prevent it, he advises to give exit to it so soon as its presence is positively determined. If it assume the character of chancre he applies Pulv. cantharides as already mentioned.

As regards the employment of the remedies called anti-syphilitic (of which mercury is the chief) they are indicated by precisely the same conditions as in chancre. The presence of a bubo does not constitute itself an indication for their use. Here the treatment is deducible from the pathology which the reader will recollect. When they are conjoined with the lymphatic or scrofulous habit, he has found great advantage from the proto iodide of iron in doses of ten, twelve, to twenty grains per diem, in a decoction of hops, or syrup of Gentian.

Of the treatment of constitutional Syphilis.—This we must dismiss with great brevity, not only because we have already occupied as much space as can well be devoted to this subject, but it would be impossible to go into any detail without taking up the various forms of secondary and

tertiary symptoms seriatim, which would involve a very extended analysis. We shall confine ourselves to his general principles as applicable to the various affections included under the classes called secondary and tertiary, omitting all minor, adjunctive matters. He relies upon mercury in Secondary Syphilis when not specially contra indicated by circumstances not connected with the Syphilitic disease. He employs generally the proto-iodide in the same way as in chancre. Introduced endermically he deems an inferior method, excepting when the bad condition of the digestive organs will not admit of the more direct method. He is equally careful to avoid salivation, always regarding this accident as an evil.

Sudorifics he thinks have been too much lauded. They are indicated when mercury cannot be administered or when it has produced ill effects. But it is chiefly as a *moral* medication that they are useful, owing to the popular confidence placed in them. In that condition of which every practitioner has seen specimens, which our author terms *Syphilophobia*, in which the patient is haunted by the idea that the disease is lingering in the system, this class of medicines may be prescribed under the appellation of correctives, depuratives, or, vulgarly, *purifiers of the blood*. He gives the first place to Sarsaparilla. Guaiacum has succeeded best in affections of the osseous system. When practicable these remedies should be given in the form of *tisane* or diet drink.

This treatment relates to the *secondary* symptoms. In the tertiary affections the pathology is widely different. In the secondary form, to quote his language, the "virulent cause still exists; in the tertiary it is completely transformed." The principles of treatment are in correspondence with this view of the pathology. The specific proximate cause—whatever it be—no longer present as such in the system, the specific efficacy of mercury is not required as an anti-syphilitic. These affections are then to be treated upon general principles. Mercury is usually positively prejudicial. In the place of this the *iodide of potassium* is to be employed, and this may be resorted to with as much confidence in the tertiary as mercury in the secondary symptoms. The following is Ricord's method of using this remedy, which we find quoted in the work of Acton. "We may commence with a dose of ten grains taken daily in a mixture, for which I give the following formula: Distilled water, ℥ iii. Iodide of Potassium, gr. x. Syrup of Poppies, ℥ i. This mixture should be taken in the course of the day in three glasses of decoction of Sarsaparilla, or some bitter infusion. The dose may then be augmented by ten grains every five days until the dose of a hundred grains may be taken daily: this dose I have rarely exceeded."

The use of this medicine sometimes produces pains or uncomfortable sensations in the stomach, small pustules on the skin, diuresis, and iodic intoxication, characterised by a slight uncertainty in the voluntary movements, some subsultus tendinum, heaviness in the head, a species of intellectual idleness and sometimes slight delirium.

In closing this analysis we must confess that before the task was half performed, we had regretted its commencement, finding that within the limits to which we were restricted it was quite impossible to do justice to the works and to the subject. Our readers, however, will of course appreciate the necessity of passing over all points with a brevity inadequate to their merits, of omitting entirely many topics of more or less interest

and importance, and of repressing the disposition to add to the length of the article by commentaries of our own.

The work of Ricord embraces an appendix containing a list of the formulas of the various medicaments used in the wards of the *Hospital des Vinireris*, which for the practical reader is especially valuable.

Notes of an European Tour.---No. 10.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

PALERMO, SICILY, MAY 30.

From Mr. Lester and his accomplished Lady, I parted with sincere regret. Five or six Americans were at Genoa, and with myself they delayed leaving from day to day, because Mr. Lester had always for them some new engagement of interest or profit; and if his time is forever occupied by idle tourists, he must charge it all to himself. He has made his house an "oasis," at least so it was to me, and he cannot but expect that every pilgrim will leave it with reluctance.

Waiting for a favorable wind we did not go on board our good ship (Lincoln, Capt. Ellis, of Boston,) until 2 P. M. As "compagnons de voyage" we had Mr. and Mrs. L., of New-York, and Mr. S., of Northampton; and with none but Yankees about us, and with the stars and stripes floating above us, we all, in full Congress assembled, declared ourselves "free and independent:" after which we sat down to one of the best dinners of codfish and potatoes, with prime Ohio pork, which ever a hungry man eat.

At four o'clock we were under full canvass, and as we were just leaving the outer mole, Mr. L., for some years a resident of Genoa, called my attention to a small church, situated almost under the southeastern wall of the city, where daily the "illegitimates" meet for prayer and worship. Near by is an embankment, quite upon the shore of the bay, "where," says Mr. L., "are three pits, which descend and communicate with the sea below; each covered with a trap door. Into these are thrown in open day those who die in the Hospitals; being brought thither in a rough box, without lid, with merely a black cloth laid over them, and this often sufficiently displaced as they pass along the public streets, to expose an arm or a knee of the *pauper's* corpse! and when they reach this spot they remove the scanty covering, and thrust his poor bones headlong adown the vault."

May 23d.—All day we have lain becalmed in sight of Elba; indeed we are scarcely a league from shore, which at this distance looks bold, rocky and sterile.

May 24th.—Still we are off Elba, and if the winds of this sea were not proverbially fickle, we should haul down the long boat and go ashore. Most of the day I have spent in dissecting "Portugese Men of War," the "*Holothuria physalis*" of Naturalists. We had caught one while crossing the Atlantic, but *these* were to me peculiar in being united by a gelatinous cord side and side with each other, forming thus a long "fleet," varying from one to fifteen yards in length—and which might be termed

a "Spanish Armada," rather than a "Portugese Man of War." The Captain has proved himself remarkably expert in capturing these little cruisers, with a pail and rope, and I have had about me most of the day a very attentive class of anatomical students. And indeed we have all been surprised at the beautiful simplicity of this lowest order of animal creation. It is a gelatinous sack, diaphanous, about 2 inches in its longest diameter, ovoid,—the cavity of the sack being filled only with air. At one extremity is a small brown spot, quite hard, and often containing a small insect; this is the stomach. Along the upper part of the "animal" is a fimbriated membrane, which being raised serves as a sail, the color of which when in the water is of a fine pink, or rather iridescent. Again along the lower surface are numerous long, slender filaments, of a light blue and red color, and which are said to sting severely. Whenever the animal was touched it contracted its walls violently, and this it was able to do even after its walls were entirely slit asunder.

25th.—We are again under sail, but beating against a sirocco—now ploughing above the madrepores, along the shores of Corsica—(the coral fishery was once here a considerable trade) now coasting the isles of Pianosa and Monte Christo.

26th.—The blue hills of Sardinia have scarcely been out of sight during the day. The wind is a stout nor-western gale, and although it comes direct from the shores of Sardinia, whose malaria were once deemed so fatal, we give it a hearty welcome, since it tightens the canvass and steady's the keel direct for Palermo.

27th.—Last night we were all summoned on deck to see the fires of Stromboli, nearly 70 miles distant, and which could be distinctly seen giving a short and fitful illumination to the south eastern horizon. Two thousand years or more this mountain has daily and nightly trimmed its lamps and lifted its lights, to warn the mariner of his approach to those islands within whose hollow sides Aeolus locks up the winds. The forge of old "Vulcan," although no farther off than Stromboli, could not be seen; probably it was concealed by the intervening islands.

28th.—After a voyage of five days I am at length snugly quartered in the second story of the "London Hotel"—with cold glazed, earthen floors and a balcony overhanging the piazza.

Our reception at the custom house was on this wise: Being placed upon a short quay between the building and the sea, we were compelled to wait about half an hour, until the American Consul, Mr. Masten, had arrived. A dark mustachoeed official then reached a long pair of tongs at full arms length across the iron paling for the Captain's papers, which were immediately thrown into a large sheet iron chest filled with the smoke of burning sulphur. Fifteen minutes were deemed sufficient to kill the "fomites," those little Levantines who are accused of smuggling in the Plague; at least they were so far disabled that the officer could now, taking the papers again in his tongs, approach near enough to read the signatures and the seals without danger. The result was satisfactory and we were now allowed upon the presentation of our several passports, and a slight inspection of luggage, to pass.

I have just returned from Mr. Masten's, where I have spent the evening very pleasantly with a small company of his friends—among whom I was made acquainted with his family physician, Dr. Salemi, one of the

Surgeons to the "Spedale Grande," who is here quite distinguished.—I had brought letters from my friend Dr. Smith, of the Boston Medical Journal, to Dr. Portal, but on enquiring after him I was told by Dr. Salemi that during the last year he had procured the assassination of a rival Surgeon in the Hospital, and that the matter having become public, he was so much "mortified" that he fled to Girgenti, on the opposite side of the island, where some say he killed himself, some believe he was assassinated, others believe he is only secreted. Probably he was assassinated, as these things are only matters of course here—his widow also is in town and wears mourning. I was warned by Mr. Masten, never, while in Sicily, to go out alone after dark.

29th.—Have been with Dr. Salemi to the "Grand Hospital," containing about 400 patients. Dr. Salemi here made me acquainted with Dr. Gogolguna, the chief Surgeon, and three Physicians—they are all fine, intelligent looking men, and were exceedingly polite in showing me every thing of interest in their several wards. The circular amputation is generally performed, and the French practice in the closure of large wounds, is usually adopted. Many cases of chronic, indolent ulcers—saw none treated by straps—generally some ointment, over which a dirty roller, &c. Two cases of "Lepra" proper—not here considered contagious, nor incurable, but yielding generally to medicated baths, regimen &c.; looks in the early stage much like "scabies." Several cases of "Lepra tuberculosa," covering and painfully disfiguring the whole features, were shown me; also a few cases of "Pellagra," which is however by no means as common here as in Lombardy. Syphilis abounds, and is treated both with and without mercurials, the plan being eclectic. Intermittents are common in the autumn and winter months.

Dr. Gogolguna informed me that the climate of Palermo and its vicinity was generally considered remarkably healthy, and that the temperature was even and agreeable, being protected in a great measure from the sirocco by a high amphitheatre of hills on the south, and the sea softening the winds which blow from the north. The valley in which Palermo stands, is the "Aurea Valle" and "Hortus Siciliæ of the ancients—producing nearly all the plants which can be found in the Tropics. Within three miles of the walls of the city, I have seen orange, lemon and olive groves—the palm, fig and date tree—the centaury plant growing wild—the black pepper tree—while the surface of the earth blooms with red poppies, marigolds and a thousand other gaudy flowers.

But while speaking of the beauty, fertility and general salubrity of this spot, (being especially fitted for a tuberculous patient,) I must not forget the fearful visitations of the plague to which it has been from time to time subjected, nor the later scourge of the Eastern Cholera in 1837, to which Mr. Gardner, the then American Consul, was one of the first victims,—when from a population of 200,000, 40,000, or one-fifth of the whole were swept off; until there was neither room nor time to bury the dead, and they were carried out and piled in large heaps at the foot of Monte Pelligrino. Placed here, as I suppose, to excite the sympathies of the patron Saint of Palermo, "Santa Rosalia," whose gilded grotto is at the summit of the mountain, and in honor of whom once a year the citizens celebrate a great festival. Santa Rosalia was the young and beautiful niece of "William the Good," when in 1159 she retired to this grotto to

end her life as a Monastic. And more than once has this fair Saint, when her bones have been carried three times in solemn procession about the city, rescued its inhabitants from the ravages of the plague.

On leaving the Hospital my attention was called to a fresco painting on the walls of the principal Court, underneath an arcade, representing "Death on the pale Horse." It is now much broken and defaced, but the white horse, mounted by a skeleton, is easily traced. Underneath is the following inscription: "O mors quam amara est tua." It was painted by Antonio Crescenzo, and is evidently many centuries old; and as West is known to have visited Palermo before he executed his great work bearing the same name, it is not improbable that he took the hint from this painting, yet in my opinion he has infinitely improved upon the old master.

30th.—Returning to-day from Monreale, I stopped at the Convent of the Capuchins, about a mile outside the southwestern gate. The Capuchins are a class of Monks who live by begging solely, and are seen every where in the streets of Palermo, with bare feet, bare and bald heads, long beards, coarse brown cloaks secured to the waist by a rope, and with a greasy, filthy looking bag, containing fragments of food. They live however in a large and princely building.

Francesco, my guide, having made application to visit the Catacombs at the principal door of the Convent, we were led by one of the brethren carrying a lighted taper, through the chapel and down a pair of stone steps into a suit of long stone corridors, or subterranean galleries; of which I believe there are five, containing altogether, I was told, about 6,000 mummies. All the members of the order are entitled to a burial here, and also such other good Catholics as pay for the privilege. For a shelf or a niche the charge is about four dollars, and for drying about one dollar. The bodies are dried by laying them in a small stone vault, of which there are many along the galleries, and keeping them closely locked during six months. They are then removed, and their friends, if they have any, clothe them according to their fancy, and deposit them, if females, upon a shelf with the face toward the spectator, or if they are males, they are placed in the upright posture against the wall, and properly secured in place. Thus as you pass through the long dark vaults, you walk between rows of cowed capuchins and more gaily mantled citizens, with glaring sockets, and fallen jaws, and black and mouldering faces, looking like the royal guard of his Majesty, the King of the Infernal Regions. The dress of the females is often exceedingly fantastic; one is clad in a rich silk gown with an embroidered belt of a different color, secured with a gold buckle—on her wrists are handsome bracelets, and upon her feet a pair of pink satin slippers, while her mummified face is tastefully set off with a lace cap and pink rosettes.—Francisco has lately deposited one of his own children here, a daughter, aged 7 years; and with much emotion he conducted me to the disgusting object, which, he said, was once a beautiful child—he adjusted the little cap and replaced affectionately a stray lock of the black hair, crossing himself meanwhile and ejaculating a short prayer for her deliverance from purgatory.

The Capuchin who accompanied us was exceedingly attentive and amusing, bursting now and then into a broad laugh, as he showed us

some of the upright bodies whose heads had fallen off—or those whose lower jaws were much dropped, in one of which was a tongue, curled up and dried like ham. The label attached—all are labelled, the label announcing the name, profession, rank and time of death—informed us that he died in the year 1693, according to which he should have been removed from his present position to the general receptacle under the pavements, last year; since it is a rule that the bodies shall be thus exposed for the benefit of their friends, one hundred and fifty years, and after that they shall be buried. Another body was shown us which during life had held communication with Angels!—But the most wonderful thing of all, and which has become of late a source of no small revenue to the treasury of these shrewd beggars, is yet to be seen. Behind a wire screen, in a niche, is placed the body of Signor and Conte D'Americo Amari, who died in 1766. On his right (without the screen) is the body of his son, and on his left the body of his grandson, the latter having died in 1838, and now there is a miracle! “For all” says the Capuchin “who have fevers, and come here, and touch three times either of these bodies are certainly cured!” “Is it so?” said I. “How do you know that?”—“Because” replied the Capuchin, “I see them cured myself almost every day.” “How many have you seen cured?” I enquired. “At least five hundred,” said he gravely.

When we were leaving the gate of the Convent we met without, several miserable, sickly looking lazzaroni, who were waiting, they said, “to be cured of their fevers.”

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Reform.—In pursuance of the intentions expressed under this caption in our last number, we proceed to indulge some observations on the means and ends of reform in view of the approaching National Convention. The first object, as it seems to us, to be secured, is a permanent *organization*. It is not to be expected that a convention sitting only a few days, can mature and carry into effect a complete system of medical reform. It may settle some important principles, and enter upon incipient measures, but to perfect plans, and carry them into thorough execution, will require time, and successive sessions. A single convention, simply to compare views, and pass resolutions recommending certain improvements, and disproving certain evils and abuses, would amount to nothing. What is wanted is a permanently organized Congress, acting in behalf of the profession of our whole country, empowered by general consent to take into custody the character and interests of the profession. The general regulation of medical education, and of all matters pertaining to the medical profession, should be vested in this congress. Subordinate to this congress, and standing to it somewhat in the same relation as the State legislatures do to the general government of the United States, we would have an association for each State. Members of the latter should be chosen by the profession in different districts after some regular and uniform principle of representation, which should be prescribed by the National Medical Congress. State Associations might meet annually. The National Congress once in two or three years.

Let the organization be of the profession alone, independent of all legislative bodies, it be advisable to form some general corporate organization. Let it rely for its maintenance and effectiveness on the *zeal* of the members, and the respect and confidence of the public. It can, as we firmly believe, if the profession unite to sustain it, accomplish all that is desired without any peculiar legal privileges, and in the absence of these it will avoid the popular prejudice against monopolies and exclusive institutions.

If the National Convention be nothing farther than to take steps we do not propose such an organization as we have just sketched, we, for one, shall be satisfied. To draw up a constitution discriminating between the powers to be vested in the national, or reserved for the state associations, and to enforce all the details which the various objects of such an organization involve is not to be hastily performed. Perhaps at the first session a committee should be appointed to mature a constitution and report at a subsequent convention, and after being sanctioned by the national convention, it should be submitted to the approval and adoption of the profession in the different states respectively.

We are unable to see any prospect of adequate and permanent measures of reform being successfully carried out except by adopting the plan just mentioned. In view of past experience, and the present condition of things, we can perceive no other method by which the profession throughout our country can co-operate to effect an improvement in medical education, to elevate the standard of acquirement, afford encouragement to scientific investigations, stimulate honorable emulation, and provide for an uniformity of requisitions in all parts of the Union. If an effort of this kind fail, we should have no expectation of reform, at least until matters become so bad that the public, at last, are led to see the necessity of affording proper encouragement and protection in consideration of its own interests. This period will probably not soon arrive. But with proper interest and effort on the part of the profession throughout the country, such an attempt need not fail. Let the profession see to it that delegates are appointed, and such delegates as they would desire to legislate on this subject; let the sacrifice necessary to be present at the convention be shared by contributing to defray their expenses; let the subject be discussed at local associations, so that delegates will go prepared to represent, faithfully, the wishes of their constituents—and, for one, we have every confidence that this movement will result in immeasurable good. We will not, and cannot believe but that the medical profession of our country have the ability and disposition to accomplish every thing desirable relating to reform, and that confidence in the actual existence of these requisites for success, and the conviction that the opportunity for their successful exercise now presents itself, are all that is necessary.

The importance which we attach to the foregoing views will sufficiently account for giving to them precedence. Let us now inquire what are some of the important objects and methods of reform which are to be provided for in the institution of a voluntary, representative government such as we have endeavored to shadow forth. These are, of course, involved in the necessity or propriety of such an organization. We

shall, therefore, in this and succeeding numbers give the views which have resulted from what reflection we have bestowed upon the subject.

A prime object should be to encourage scientific investigations, and endeavor to develop and cultivate American medical literature. These ends could be attained by instituting prizes, appointing Committees or individuals to perform specific duties, receiving and publishing among its transactions voluntary communications of sterling value. The latter should be subjected to rigid examination by a competent tribunal before being accepted, so that the honor of being recommended for publication should be a reward for successful efforts, and a stimulus to active competition for it. One of the most serious of the evils affecting the character of the profession in our country, is the absence of any encouragement of national medical literature.

Publishers, with business-like caution, prefer to reprint imported works which have passed the ordeal of criticism, rather than risk the uncertainty attending the publication of those whose merits are to be tested. The consequence is, that the greater portion of our medical literature comes to us in the shape of editorial appendages to foreign works. The want of a national literature has begotten a want of confidence in our writers, unless they have attained great distinction as teachers or practitioners. Look into the libraries of our medical men, and see how few are the standard American works compared with those republished from Britain, France and Germany! Are there not members in the profession in this country possessed of sufficient abilities, industry and ambition to contribute more than has hitherto been done toward a medical literature of our own? We believe in the affirmative to this inquiry; and that the secret of the poverty of the literature of the profession lies in the want of encouragement, and the disadvantages of competition with imported publications. We say, then, let a national association if it be formed, take into consideration the best methods of fostering and rewarding with honorable distinctions, scientific investigations, and meritorious efforts of our own countrymen.

Should a permanent organization be effected embracing, among others, the object of which we are speaking, we should hope soon to see a national institution occupying a position like that of the Academy of France, composed of the most able members of the profession, developing the scientific resources of our country, and enabling the profession to be properly represented in the eyes of other countries. The influence of such an institution upon the profession in our country would be incalculably beneficial. It is not to be concealed that mere success as a practitioner does not always afford sufficient stimulus for the best energies of an active intellect, and beyond the local reputation of being a skilful practitioner, (a reputation often acquired by the ignorant empiric) what distinctions does our profession offer to the ambitious aspirant!—nothing, save the position of a teacher, and we leave our readers to judge how much eclat belongs to this position. The consequence is what might be expected, and what is daily observed, that medicine is not chosen as affording an equal field for distinction with the other professions, and many who enter it, leave it for pursuits in which greater eminence is to be gained by less labor and time. Let it not be inferred from these remarks that we would elevate ambitious motives above those of a higher nature, springing

from a sense of duty, or from philanthropy. We speak of things as they are. The former, although secondary, are certainly not unworthy, and should be encouraged rather than repressed. And we believe that if more avenues were opened to merited honors in the medical profession in this country, a great amount of talent and effort would be invited to it which now seeks other departments of effort, energies and abilities hitherto dormant would be awakened to vigorous activity, and the character and usefulness of the profession correspondingly advanced.

We should, also, in progress of time, hope to see arise under the auspices of this national institution, a school embracing extensive and minute instruction in all the departments and specialties of medical science, and of its subsidiary branches. This school should afford opportunities for the prosecution of any subject independently of, or in conjunction with others, according to the taste, or ability of the student. To be a professor in this higher school should be the highest post of honor. It should be open to free competition, and the choice made after some method analogous to the French system of *concours*. In this way opportunity and encouragement would be afforded for profound attainments in every division of our science. We might dwell long on this, as on various other points, but our limits compel us to draw our remarks to a close. We are well aware that there is one difficulty in the way of schemes of this magnitude which will not fail to suggest itself to the reader—all this cannot be accomplished without money: zealous effort alone will not suffice. In our country we labor under a disadvantage which we are mortified to confess is not experienced in countries whose forms of government are less liberal in their fundamental principles than ours. Despotism governments are frequently profuse in their provisions for scientific objects. Ours, especially with regard to medical science, has given little occasion to expect munificent assistance. A national organization, such as we have delineated, ought to be liberally endowed by the general government. Would that the Smithsonian bequest might be appropriated to this object! As to what could be expected from this source, or what could be accomplished without it, others can judge better than ourselves. We have confidence in the principle that *what ought to be done can be done*. Let the work be commenced on a scale broad enough to comprise all that is desirable, and let us in our day do what we can to complete it, leaving, at least, an example to incite to farther exertions those who are to follow us!

We reserve remarks on the subject of medical education for our next number.

On the Effects of Conium Maculatum—Spurious Medicines.—In the first No. of our Journal we adduced a statement contained in a report by Dr. Woodward, of Worcester, Mass., that the Conium Maculatum to produce any effects, must be given in doses of 30 or 40 grains, or more. In our 5th No. we quoted a series of experiments by Pliny Earl, M. D., which tended to confirm this statement. The dose, as laid down in the Dispensatories, is from 3 to 4 grains. In commenting on the above communications we intimated that the explanation of the discrepancy consisted in the fact that the extracts employed by these gentlemen were improperly prepared, or had become nearly inert. It would surely be

surprising, if, in the long experience of the profession with this drug, it should not have been before discovered that the doses usually administered are entirely without effect. The explanation which we suggested is sustained by some experiments of Dr. Fountain, of Somers, Westchester Co., N. Y., which are contained in the January No. of the Am. Jour. Med. Sciences. Dr. F. prepared the extract with which his experiments were made himself, and employed it while in a fresh state. The effects of twelve grains which he administered to himself were very decided, causing dimness of vision, ocular spectra, numbness and stiffness in the muscles of the upper extremities, and incomplete paralysis of the lower extremities. The pulse was soft and full, but not accelerated. These effects continued more or less through the day. Afterwards, four grains given to a patient, produced unpleasant effects. The reader is referred to the article alluded to for more full details. The writer deduces from his observations the importance of using well prepared and fresh extracts. He advises that practitioners prepare it for themselves, as the plant grows luxuriantly through the country, or, at least, that they see to it that Druggists provide themselves with a veritable article.

This subject suggests that of spurious medicines generally. We have reason to believe that a large proportion of the drugs with which practitioners are supplied, and which are dispensed by apothecaries, are deficient in purity, either from imperfect preparation, or adulteration. The editor of the New-York Journal, in the number for September last, announced his intention of giving an *expose* of some startling facts in his possession on this subject. It has not, however, as yet appeared; but we trust he has not relinquished his intention. The profession generally are doubtless, not aware of the extent to which this imposition is carried on, and it is highly important that the facts should be known both by the profession and the public. The responsibility lies both with druggists and physicians. The former may not be competent to determine the purity of the articles which they vend; and the latter seldom take pains to do so. We refer now particularly to those practitioners who dispense medicines to their patients, as is generally the case except in large cities. We are sorry to say that Physicians not only omit the duty of close examination of the quality of the medicines they use, but sometimes obtain those of an inferior quality, knowingly, because they can be purchased at a cheaper rate. We have been told by Druggists that they are obliged to keep articles of an inferior quality to suit this class of customers. This abominable practice cannot be reprehended in too severe terms. What ideas can such persons have of the practice of medicine, and their obligations to their patients! For the honor of the profession we trust such instances are not numerous; but we are compelled to believe that habitual inattention to the selection of medicines is quite common.

The importance of precise and uniform properties in medicinal substances is too obvious to require illustration. Established principles of therapeutics, and the practical precepts of every member of the profession, as a matter of course, are based upon them. In proportion to their variableness, scientific observations, and individual experience involve incongruities and errors. Doubtless it is to this source that much of the discrepancy of facts appertaining to different medical records and

opinions is to be attributed. The uncertainty which attaches to this point always imposes the necessity of a conditional acknowledgement of deductions from the trial of remedies, if adequate testimony of the purity of the medicines be not at the same time given. These considerations, the force of which is sufficiently apparent, assuredly make the subject one of great moment. Our contemporary of the New-York Journal is entitled to much credit for broaching it, and if he will prosecute his intention as announced, he will render a most valuable service to the profession, to science and humanity.

The practical question comes up in connection with these remarks, how can the evils referred to be remedied and effectually prevented? The observance of greater caution on the part of conscientious apothecaries and physicians will do much, but this is not all, as it seems to us, that the subject demands. The truth is, it is a subject in which Legislation ought to interfere, and protect the safety and interest of the public, by establishing properly qualified inspectors of medicines, and imposing high penalties for vending or dispensing drugs which have not passed the ordeal of a thorough examination. The public see the propriety of making necessary articles of food, and even some luxuries subject to inspection before sale; but concerning medicines, with regard to which most persons can exercise no discrimination whatever, the necessity of some legal precautions has never been recognised. Are not the dangers to which the public is exposed from inert and adulterated drugs quite as great as from poor flour, pork, fish or tobacco? It is not probable, however, that an effort to induce legislators to act in this matter for the public weal would be successful. We should perhaps be accused of some sinister motives—some scheme of monopoly. It remains then to enquire if the Profession cannot do something, without the aid of Legislation, to correct the evils which now exists. It appears to us that if this matter were to be taken up by the national convention, or by the permanent association, which, it is to be hoped, will grow out of this convention, commissioners might be appointed in our larger cities, under whose supervision medicines should pass, and it should be recommended to the profession generally to repudiate all drugs which had not received their sanction. This plan would promote the interests both of practitioners and respectable druggists, and both would, we conceive, readily fall in with it. The detailed provisions necessary to carry this improvement into effect, we will not now consider. Perhaps there are difficulties in the way of its successful operation which do not occur to us. We give the idea as it has suggested itself without having bestowed upon this branch of the subject lengthened reflection. Possibly legislation might be more amenable to the public welfare than we anticipate, but here a difficulty would arise in a want of co-operation or uniformity in different states. Since none can doubt the great importance of the object, whatever may be the way in which it can be most readily and effectually obtained, we trust some good may follow the effort to direct the attention of the profession toward it.

A new remedy for Gout and Rheumatism.—Doct. T. H. Buckler, of Baltimore, in the Jan. No. of the Am. Jour. Med. Sciences, propounds a new remedy for Gout and Rheumatism, viz.—the phosphate of Ammonia.

Dr. B. was led to the use of this remedy by hypothetical reasoning, based upon the chemical composition of this salt, and the supposed pathology of these diseases. His views are briefly set forth in the following extract: "Taking into account these two prominent facts, namely, the excess of lithic acid found in the urine at the period of convalescence from an attack of acute gout or Rheumatism, and the subsequent deposit of soda and lime in the white tissues, it occurred to me that during the existence of these diseases, the lithic acid might exist in the blood in a state of combination with soda and lime in the form of insoluble compounds, which the kidneys and skin refuse to eliminate. If, then, any agent could be found capable of decomposing the lithates of soda and lime existing in the blood, and of forming in their stead two soluble salts, which would be voided by the kidneys and skin, we should thereby get rid of the excess of fibrin in the blood, the symptomatic fever, and the gouty and rheumatic inflammation, wherever seated, which have been excited by the presence of these salts. It occurred to me that *phosphate of Ammonia* might be the agent provided it could be given in doses sufficient to answer the end without producing any unpleasant symptoms. If our theory were true, phosphate of Ammonia seemed to be the proper re-agent, for it would form in place of the insoluble lithate of soda, two soluble salts, the phosphate of soda which is remarkably soluble, and the lithate of ammonia which is also soluble, and both capable of being readily passed by the skin and kidneys. The excess of uric acid would thus be got rid of in the form of lithate of ammonia; and the soda, floating in the round of the circulation (instead of being deposited, as it were, like an alluvial formation in the substance of the fibrous and cartilaginous tissues,) would be taken up by the phosphoric acid and eliminated from the circulation."

Thirteen cases are reported in which the remedy appeared to exert considerable potency in curing these diseases. Five of the cases were observed by Dr. Buckley, five by Dr. Frick, and three by Dr. Power. The formulas in these cases varied from half an ounce to an ounce of the salt dissolved in six ounces of distilled water, the dose being a table spoonful every six hours. The effect of the remedy upon the urinary secretion was to cause the lithic acid to disappear if it were previously present; and if it had not been present, the urine continued limpid and free from precipitate of any kind through convalescence.

Dr. B. does not propose it as an exclusive remedy, but to be employed in conjunction with bleeding, general and topical, anodynes, &c., according to the symptoms.

Dr. B. has also prescribed it in chronic rheumatism pretty extensively, and with much more relief than from any of the usual remedies. He also feels much confidence that it will be found to be the best agent for dissolving the uric acid calculus; but he has not had any opportunity of testing its efficacy in this affection.

We have read this communication with much interest. It seems now pretty well established, that the pathology of gout and rheumatism involves especially a morbid condition of the blood. The abundant secretion of lithic acid, particularly as coincident with convalescence, and the deposit of the lithate of soda in the fibrous tissues constituting the chalky concretions of gout, would indicate that the undue formation of this acid was the chief humoral difficulty, giving rise to the febrile

disturbance, and, perhaps, by some unknown mode of action, to the predominance of fibrin which is the characteristic of the acute stage of the disease. This view of the pathology is sustained by the mode of action of those remedies which have been found most efficacious—such as mercurials, colchicum, nitrate of potash and the iodide of potassium. They all exert their influence especially on the emunctories—particularly the skin and urinary organs. Mere *a priori* reasoning will not, however, suffice in therapeutics; and the writer accordingly has collected facts before announcing his supposed discovery. The number of facts must be extended before any positive conclusions can be deduced. This we hope will be done, more especially since these diseases are among the *opprobria* of our science.

We commend the article to the perusal of our readers from the general views which it contains. In common with the writer, we look forward to practical results from the present application of analytical chemistry to the fluids of the body in health and disease, which will very materially affect the condition of pathology and therapeutics. We believe the time will come when forms of disease now intelligible only in their effects will be intimately understood, the operation of remedies whose virtues have been ascertained by empirical experience, explained, and medicine become a truly rational art. If we do not anticipate too much from organic chemistry, the ultra-vitalists and solidists will shortly be left far behind in the progressive advancement of our science.

Principles of Forensic Medicine, by Wm. A. Guy, M. B., Cantab, etc.—First American edition, with notes and additions, by Charles A. Lee, M. D., etc., 1 vol. 8 mo. 700 pp.

The advantage of being familiar with the various subjects embraced in Forensic Medicines, or medical jurisprudence, is frequently not fully appreciated until the practitioner is unexpectedly called upon to investigate or testify in a medico-legal case involving great responsibility. Then, if this department of medical science have been neglected, the practitioner is often made to experience proofs of its necessity which are as mortifying as convincing. We are all liable at any moment to be placed in a position where we can only escape responsibility by pleading ignorance, or must pronounce opinions upon which depend property, character and even life. In view of the considerations no medical man should be without one or more standard treatises on this branch. That of Prof. Beck is one of the most elaborate and complete, and it is a matter of just pride to the profession of this country that one of its members should have produced a work which is respected as of the highest authority in other countries, not less than in our own. Inasmuch as we desire to see the medical literature of our country developed and cherished, in so far as we could exert an influence it would be to give in all cases preference in our patronage to American publications, provided they are not inferior in merit. The work of Beck should be in the library of every Physician who can afford to purchase it. Other treatises, however, may advantageously be added, or in case of the necessity of being governed by the *res angusta*, those substituted which are afforded at a cheaper price. The work whose title page is prefixed, has lately been issued from the press of Harper & Brothers, New-York.—It presents a comprehensive summary

of the important facts and principles involved in the various classes of medico-legal questions, omitting the discussion of points which possess interest in a literary point of view only, and devoting attention to what is of direct practical utility. So far as we can judge, it is admirably adapted to serve as a text-book, or manual for the practitioner, and as such, we cordially recommend it. The office of editorship in this instance has not been merely a nominal one. The extensive additions contributed by Dr. Lee constitute it, to a considerable extent, an American work. These are not less interesting and valuable than the context, and are adapted to meet all the wants of the American reader.

The typographical appearance is highly creditable to the publishers, and its price (\$3.00) considering its size and execution is extremely reasonable.

*Appointment of Delegates to the National Convention.**—We learn that the State Society at the late session assumed the responsibility of appointing delegates to attend the convention, designating two in each senatorial district, and limiting their selection to the list of permanent members of the Society. We are sorry to find fault so soon with any thing pertaining to a movement to which we attach so much importance, and concerning which we have taken occasion frequently to express the hope that every thing would be harmonious and satisfactory. But we must say we received this information with surprise and regret. We understand the prime object of the convention to be to assemble representatives of the different views and interests of the profession in every section of our country. How could the state society know whether the permanent members designated for the several districts, actually represent the opinions and wishes of the majority of the medical men in their districts? What assurance had the society, that those appointed would attend the convention? What provisions are there in case the delegates appointed are unwilling or unable to attend, to supply substitutes? Why was it not left for the several medical societies to select their own delegates—those whom they prefer to send, and whom they would be able to ascertain would be willing to go? We make these inquiries without knowing what delegates have been designated except in our own district; and it is but justice to ourselves as well as to others, to disclaim any personal objections to the latter. It is the principle, not individuals that we oppose. Granting that it has so happened, that in all cases the selections are the very best that could have been made, we still have reason to complain of the course pursued by the state society. It ought to have referred the matter to the county societies, and it evinced a want of decent courtesy, if it be not an insult to the latter, that it did not. Were the profession throughout the state, to elect their representatives, they would feel that the action of the delegation from this state expressed the views of the majority of the profession in the state; but, as it is, they have no such assurance. It is easy to entertain the suspicion that members have been selected whose predilections are known to the few who, it is said, manage the affairs of the state society; and we apprehend that this suspicion will be freely expressed as well as entertained. We hope that county societies will not fail, as it is, to elect delegates. We believe that they are fully competent to do this independently of the

* A meeting of the Society in this County is about to be called for this purpose.

state society. As regards this point, the convention can decide whether to discriminate or receive all. Our only object in this suggestion, is that if possible, no just grounds may exist for non-conformity with whatever action the convention may take on the subjects which will come before it.

Fictitious Catalogues of Medical Students—Hostility to Medical Schools.—A correspondent of the Boston Med. and Surg. Journal has promised to furnish instances in which medical institutions have issued fictitious catalogues, for the purpose of magnifying their importance and attracting students. We have frequently heard it intimated that considerable latitude in this respect is sometimes indulged,—for example recognising as pupils, those who casually drop in at lectures, and those who take tickets for a single branch only, without any reference to becoming practitioners; but we must confess astonishment that even a single institution has been so recreant to principles of common honesty as deliberately to coin names, representing men of straw, to enumerate in its catalogue. We sincerely trust that the correspondent of the Boston Journal, if he have facts sustaining his assertions, will publish them, directing attention specifically to the school or schools which are guilty of such knavery. We shall be happy to republish authentic statements exposing any disgraceful practices of medical schools, and to contribute in so far as we are able, to hold them up to the merited contempt of the intelligent and high minded members of the profession.

In making these remarks we would take occasion to add that we have no sympathy with those who seem to have engaged in a crusade against medical schools. It has become fashionable of late with some to consider them the light of scape-goats for all the evils which oppress the profession. We may be said to have in our state an Anti-medical school party, and we have been informed by a delegate that considerable feeling was manifested on the subject at the last meeting of the State Society. But we would ask the advocates of a destructive policy, have medical schools been of no service? Have they not effected good; and are they not still doing good? Granting that they are not what could be desired—where lies the fault? Does it lie with those, who, with but little public aid, and often, at considerable pecuniary sacrifice, to say nothing of time and labor, have established schools, and made them what they are? We do not doubt that the officers and teachers in the majority, at least, of our medical institutions are as disinterestedly solicitous to elevate the standard of professional requirement as are any portion of the profession. We believe that the medical teachers of our country, as a body, are high-minded men, imbued with an earnest disposition to labor for the best interests of the profession. Assuredly the office of teacher does not afford a very wide field for selfish or mercenary motives. Poorly as ordinary professional services are remunerated, those of a faithful, deserving teacher, generally receive a less proportional compensation. Admit that candidates for the office of teacher allow ambitious motives to mingle with their aspirations of usefulness—is this to be quarreled with, and have they any reason to be ashamed of it? Let those whose concern for the welfare of the profession has given rise to hostility to medical schools, reflect upon these and other things. Let them ask themselves what substitutes are at hand, provided their opposition should be

effectual. That imperfections and abuses exist none will deny: let these persons unite to correct, reform and improve, and more good will result than from their efforts to injure or destroy.

Medical Journals should hold independent, impartial positions in these, as in all other matters. Let instances of malversation be communicated through them. We cheerfully offer our pages for the publication of authenticated facts from responsible individuals on this subject. Should the correspondent of our contemporary, the Boston Journal, sustain his allegations, we will not fail to apprise our readers of it, and republish all particulars.

Judicial Homicide.—The case of Dr. Baker, who was some time since executed in Kentucky, for the murder of his brother-in-law, (of which our readers have probably seen some accounts in the newspapers,) appears to have been of a character to give occasion for the expression which we have prefixed to this article. If the facts which we find presented in the January No. of the western Journal of Medicine, by Dr. Yandell, one of the editors of the Journal, exhibit a correct view of the case, (and we see no reason to doubt it,) the execution was neither more nor less than *the deliberate murder of a monomaniac agreeably to the sentence of the law!* The circumstances as detailed in the account just referred to, were briefly these: The unfortunate victim, who occupied a reputable position as a medical practitioner, became possessed with the most extraordinary ideas of the unchastity of his wife. He asserted to his father-in-law, and others, that she was seduced when only nine years of age by her teacher, a clergyman whose moral character was unimpeached; that his brother-in-law, whom he afterwards killed, had come to his bed in the night and communicated with her in his presence, that she had had criminal intercourse with several of her uncles, as also with various others, amongst whom was a negro servant. These charges he made freely to various persons. He accused his step-mother and his sisters of lewdness. Bates, the brother-in-law, he believed intended to kill him, and he appears to have labored under a constant fear of assassination by him or his emissaries. Under the influence of these delusions he deliberately shot him with a pistol, after which he went to the home of an uncle, stated what he done, appeared highly elated, and expressed no fears if he could get justice.

The plea of mental aberration, which his counsel set up in his defence, was not with his consent: On the other hand, he declared he would "rather be hung than that such a plea should be relied on." He wished to plead justification; that Bates was at the head of a conspiracy to take his life, and he could prove it by Mrs. Bates. He maintained the same asseverations with vehemence under the gallows, protesting to the last his wife's infamy, and his own justification.

Various collateral circumstances were adduced on the trial to substantiate his insanity, such as his peculiar restless and violent deportment, his suspicious and irritable temperament, extraordinary conduct on various occasions, watchfulness, coldness of extremities, costiveness, irritability of stomach, &c. On the other hand, not a shadow of evidence was elicited that his wife was guilty of any of the charges.

In view of these facts can there be a question that there existed a "reasonable doubt" whether the act was committed under a rational sense of responsibility? Three medical men,—whom we infer from the account were the only physicians examined—testified to the existence of monomania. One of these was the late Prof. Richardson, of Transylvania University. The verdict, however, was "guilty of wilful murder," and the sentence was pronounced. Considerable effort was afterward made to induce the Governor to pardon him. The physicians of Lexington, Frankfort, Danville, Lancaster and Louisville united in communicating to the Governor their solemn conviction of his insanity. It all availed nothing, and the sentence was executed.

For the honor of science, justice and humanity, it is to be hoped another instance of such seeming ignorance and barbarity will not soon disgrace the legal tribunals of our country. The jury, it is stated, could not understand that a man could be sane on one subject, while on others he evinced a sound understanding. Nor does this fact appear to have been recognized by the Judge. One of his questions to a medical witness was "whether such a disease as *monomania* was known and recognized in medical authority." On being answered that it was, both in law and medicine, he replied, in the

hearing of the jury, "that he only made the inquiry as to medicine—he claimed to know something of the law himself." Since, if it were recognized in law it would be presumed to be so in medicine, it is fair to infer from this language that he did not regard it a valid legal distinction!

That the Governor of the State should not interpose under the circumstances, and in view of the extent and unanimity of medical opinion on the subject, is almost incredible. It is a melancholy instance of a want of confidence in the profession. An unfortunate fellow being, who, by a jury of impartial, intelligent physicians would have been recommended as a candidate for an insane asylum, afflicted with a disorder which of all others should excite sympathy, and secure protection and care, and who, it is probable, by proper management, might have been restored to himself, his family and society, expiates the commission of an insane act on the gallows! The reader cannot but exclaim—thank God I am spared the remorse which should be felt by all the official actors in such a tragedy!

Eau Brocchieri.—It would be an interminable, as well as profitless task to undertake to expose all the contrivances with which charlatanry succeeds in practicing successfully upon the inexhaustible capabilities of human credulity. Generally we shall abstain from any interference with popular nostrums. We have no hopes of improvement until the appetite for the marvellous and ridiculous has been indulged to satiety. We are induced to deviate from general rule in reference to the wonderful styptic of which so much is said in the newspapers, because it appears to be a common impression in, as well as out of the profession, that it has emanated from a scientific member of the profession, and that its virtue has been properly attested by satisfactory experiments before competent observers. The whole matter, however, is a gross humbug and imposition. We have examined the article by the senses. It appears to be water slightly impregnated with tar! It has no pungent, astringent nor active properties whatever. The following extract from a clinical lecture by Dr. Mott, of New-York, which we quote from the New-York Medical and Surgical Reporter, gives the opinion of one fully competent to ascertain what efficacy it possesses:

"I knew M. Brocchieri when I was in Paris; he is an uneducated man, and a perfect charlatan. When his discovery was made known in Paris, it created some stir;—and I made several experiments with it, in connection with several other gentlemen, one of whom was engaged in the preparation of the water. The subjects of the experiments, were strong and healthy sheep, upon whose carotid arteries we operated, and we found that its power to stop hæmorrhage was next to nothing, and where the bleeding was arrested, it was principally from the pressure made by the large quantities of lint, with which the wound was filled. Therefore, I say, as the result of my experience, that the styptic powers of this preparation are not to be relied upon, for a moment: that it is infinitely less useful than an infusion of rhatany, or tannin, and that it can never take the place of needles and ligatures.

The other qualities that have been ascribed to it, of curing disease, and arresting hæmoptysis, are equally non-existent.

Doctor M. having occasion to remove a tumor from the cheek of a female, during his lecture, applied some of the nostrum, but without the least effect."

Items.—The vacancy in the Transylvania Medical School, Lexington, Ky., has been filled by the election of Samuel Annan, M. D., of Baltimore. This selection was from forty-nine applicants, representing seventeen States.—Prof. Watson having resigned the office of Professor of Theory and Practice in the same Institution, Elisha Bartlett, M. D., has been elected to succeed him. Prof. B., who was formerly connected with this School, and lately with the Baltimore School, is now in Europe, but has signified his willingness to accept the place, and will return in season for the next session.—Drs. Goodyear and Hyde, of Cortlandville, have established a private School for the study of Anatomy and Surgery. We are glad to see this. Private medical schools are much needed. We hope it will be followed by others.—Dr. Knapp, of Chicago, Ill., has issued a prospectus for a new Medical Journal to be entitled the "North Western Journal of the Medical and Physical Sciences." It is to be a bi-monthly, containing 80 pages, octavo, at two dollars per annum.

For "to Readers and Correspondents," see cover, next page.

Erratum.—For *Hospital des Vinivres*, page 225, read *Hospital des Veneriens*.

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Notes of an European Tour.---No. 11.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

PALERMO, SICILY.

Palermo has a population of nearly 200,000, most of whom retain in their features and complexion evidence of their mingled Greek and Asiatic origin;—their manners, customs and style of architecture are also strikingly Saracenic.

The streets are, with few exceptions narrow; the buildings lofty, the upper stories of which are furnished with light balconies, or with more heavily constructed stone galleries, shut in by a strong iron grating, the latter indicating a nunnery or the monastic prison of some religious order. The small ground rooms are chiefly occupied as shops, in front of which sits at his daily work, the tailor and his goose, the cobbler and various other artisans,—with the vender of trifles, at whose stall, generally placed near the door of a church, you may purchase wax tapers and other votive offerings, amulets, painted wood cuts of the Virgin Mary, and of all the saints, from Santa Apollonia, who presides over the toothache, and St. Hyacinth, who insures against sterility, down to St. Martin, who cures “scabies,” and St. Fiage, who keeps a “lock hospital.” Here you will find also paste and bead rosaries, pewter crosses, gilded wooden images of our Saviour, red, black and white coral, beautiful Sicilian agates, chrystals of sulphur, and rare Sicilian shells. If you walk the Strada Toledo about four hours past midday, you will be compelled to thread your way among these various occupants of the road; you will be jostled also by banditti looking soldiers, brushed by priests, and pursued by a legion of beggars. Alas for Sicily—her fertile soil and luxurious climate have long rendered her the miserable prey of her more powerful neighbors, and the land once named the “Granary of Rome;” is now overrun with rank weeds and nourishes only priests, soldiers, robbers, assassins and lazzaroni. The commerce of Palermo, once extensive in corn, cattle, wines, &c., is now dwindled into a petty traffic in silks, oranges, lemons, sulphur, soda, manna, saffron, cork, sumach, &c. The spirit of the people naturally bold and impatient, flaming forth every now and then, despite a strong military force, into the most terrific and bloody insurrections, bends tamely to a most intolerant religious

despotism ; and instead of occupying the summit of Monte Pelligrino—a natural and impregnable fortress for the city, and which Hamilcar Barcas, the Carthaginian general gallantly defended for more than three years—with arms and men of steel ; it is occupied by confessionals, and defended by broken wax legs and wax arms, and a score of stupid priests. Education extends rarely beyond learning to read, and an accomplished lady entertains her friends with specimens of her chirography as evidence of her advance in science, and with an embroidered “bambino,” as proof of her skill in the fine arts.

It cannot be supposed that in such a country the science of medicine has made much progress.—Medical students go abroad to receive their education, and although several physicians and surgeons in Palermo deservedly hold a high rank, yet they complain of the successful rivalry of the Priests and the “Salassatori.” The Priests, or what is equivalent, his “holy relic” often obtains the credit of the cure, even when a regular physician is employed. The “Salassatori” are found in almost every street ; the shops being indicated by a barber’s pole, two large copper basins, and a horse tail ; occasionally, also by a vile painting representing a “Seneca,” throwing blood like a jet d’eau from a dozen orifices. Within, is a swarthy Sicilian, who will furnish you salves for ulcers, cancers and tumors, will leech and pull teeth, will bind up your wounds and mend your bones, will bleed you by the ounce, will shave, cut hair and point your “imperial.” These are the veritable representatives of the ancient “Barber Surgeons,” whose “ensign,” in the twelfth century was a pole wrapt with a red roller, supported by two basins ; of which honorable fraternity the great Pare boasted himself a member, and from which the present “royal stock” of surgeons are lineal descendants. It is therefore that I have examined the more in detail these establishments, one of which I entered and explored entirely to my satisfaction ; which done, I requested the surgeon to bleed me. “How many ounces Signore?” “Six.” “Where?” “In the arm.” Immediately I was divested of my coat—my hand was made to grasp the top of an upright rod, supported by three legs—my sleeve was turned up smoothly and tenderly above the elbow—the blood red fillet was then applied in a most artistical manner, a spear pointed lancet selected from the arsenal, and already was the thirsty weapon glittering in the air, when I withdrew my arm, and declared myself satisfied. It was as a *pupil* and not as a patient, that I had entered the office of this descendant of my Fathers. Francesco paid him the two carlini, and we went on.

Homœopathy has also lately attracted a large share of patronage ; and in Palermo as at home, its converts are chiefly among the most aristocratic circles, over whom such sugared pretences have always a remarkable power of fascination ; and in Sicily, Homœopathy now threatens fairly to supplant the sister faith in amulets, and the bottled breath of departed saints !

But Palermo has upon its civic record one name too distinguished in the annals of our science to be omitted. John Philips Ingrassias, a Sicilian by birth, and a citizen of Palermo, was in 1563 made “Physician in chief” to Sicily, with power to regulate and control the entire medical police of the country. Through his prudent instructions and skillful management, a fearful plague was arrested in the year 1575: in gratitude

for which the Palermitan authorities offered him a liberal reward, of which he accepted only one half, and this also he immediately devoted to religious purposes. Ingrassias was an acute Anatomist, and his minute dissection and accurate description of the different parts of the base of the brain has attached his name to one of its bones; a singular but touching memorial of his scientific and humane labors, which has secured to him a perpetual tablet in this "Dome of thought and palace of the soul:?" He died in 1580, at the age of 70, honored and regretted by his fellow-citizens.

About two miles out of Palermo, at the foot of Monte Griffone, is a large cavern filled with petrified bones; and which having given rise to much speculation, I felt anxious to visit. When first opened in 1830, it was rumored that the sepulchre of the ancient Cyclops had been found—those huge giants, whom Æneas and his crew are fabled to have seen upon these shores,—

"A dread assemblage! with their heads on high,
Not yielding to the towering tree of Jove,
Or tallest Cypress of Diana's grove."

But they prove to be skeletons of elephants, hippopotami, crocodiles and a great variety of other land and aquatic animals; some of which are not now found in Sicily, and others are thought by certain antiquarians to be antediluvian. The latter supposition is however, not at all probable, since they are found only in a bed of limestone, formed evidently by a gradual deposit from the springs above, and if the skeleton of a mammoth has been found, as is asserted, it must have been brought here at the same time with the other bones, which are clearly post-diluvian.

Furnished with torches, hammers and baskets, we were enabled in an hour to collect a considerable quantity of these remains, which proved to be the tarsal, and meta-tarsal bones of some animal to me unknown; large molars, probably of oxen, femurs, &c. No human bones have been found, and the most reasonable supposition is, that this was a burial place for such animals as died from an ancient and extensive menagerie, or naumachia.

Returning we overtook a drove of Sicilian oxen and cows—they were uniformly of a dun color, and larger and more beautifully formed than any I ever saw—their horns also were enormous in length and size.—When Apollo was a farmer, these were his favorite cattle, and "on sols bright Isle, Trinacria,"—(Sicily) he chose their pasture.

May 30.—I have seen a gentleman direct from Malta, where, although he sailed from Alexandria with a "clean bill," he has been detained several days. While in quarantine, he learned that since he left Alexandria, the plague had broken out, and now it will be impossible for travellers returning from Egypt to escape a prolonged detention at Malta, one, or two months! This news is fatal to my project of visiting Egypt, and I have reluctantly decided to steer again to the North—"Search Italy, since Jove denies me Crete."

NAPLES, JUNE 2.

I left Palermo in a Sicilian steamer bound for Naples, on board of which I became acquainted with Mr. Burchard of Hamburg, Germany, who speaks English and Italian, with almost equal facility with his native tongue. I find him a most agreeable as well as useful companion. We have taken a suit of rooms on the "Chiaja" together,

and after spending a few days at Naples we shall journey by vetturino to Rome. * * * * *

"*Vedi Napoli epo Mori.*"—I came to Naples, a sceptic in relation to the charms of this famous bay and city, believing fully that travellers had written under the influence of strong classic associations, and a too sanguine sun: But my infidelity has ceased. No one can see the bay of Naples and its beautiful environs, without unmixed admiration—no one has ever described it as it is seen! Forgive me then if I draw for you but a rude outline map, a rough cartoon picture; the pencil of a Salvator Rosa alone can give the coloring.

Entering the bay from seaward, we pass on the right, the Island of Capri, and a long line of lofty and rugged rocks, extending from the main land to terminate in the promontory of Minerva; on the left, we coast close within shore, the Islands of Ischia, Procida, and Niseta, with the jutting promontories of Miseno and Posilipo; beyond which the city of Naples, reaching upward from the bay to the bending summit of Capodimonte, rises like a vast and gorgeous amphitheatre. Carrying the eye along the concave shore, until it rests over the prow of the vessel, a broad and conical mountain lifts itself from the waters edge; above whose blackened crest a dense column of smoke sways heavily in the breeze. On each side of Vesuvius, as if to bring into vigorous contrast the extremes of nature, stretch far back to the dim outlines of the Appenines, the fertile plains of the Campagna—through whose open vales you catch at evening the first short breathings of the land breeze, cool and refreshing and laden with the odors of vineyards and orange groves. Around the base of the mountain, and extending along the coast to the right, stand in quick succession the towns of Barra, Portici, Resina, Torre del Greco, Annunziata, Castel-a-mare, and Sorrento:—farther up, the slopes are studded with villas, and on every side their cragged summits are crowned with convents, castles, fortresses, and ruined temples. Like a mirror, within this carved and gilded margin, sleeps the bay; reflecting alike from its polished surface the bright and party-colored domes of Naples, and the gloomy turrets of the castle of St. Elmo—the green hill side, the mountain and the rock.

Report of Surgical Cases.

By F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

DR. FLINT—DEAR SIR:—I am happy, in compliance with your request, to report to you something from our surgical dispensary connected with Geneva College. Like college dispensaries elsewhere, the cases presented, and operations made are generally of a minor character, and yet, perhaps to the student none the less useful. During the eight weeks of my term, 107 cases have been presented, upon the large majority of whom, operations have been made.

Among which, were three cases of *Labium Leporinum*, in all of which I used the common interrupted sutures, adhesive plasters, &c., as by me recommended in a former number of your Journal—and with complete success. The first was a child 6 months old, daughter of D. Yakely, Fayette, Seneca Co. The cleft in the upper lip was wide, and correspon-

ded with a similar cleft through the whole depth of the palatine bones and soft palate. Has never nursed—healthy.

Operation, Jan. 10, 1846. During the operation the child lost about $\text{ii}\frac{3}{4}$ of blood and became pale, but soon rallied. I added to my usual dressings a *fine suture* quite upon the lip, to make the coaptation more perfect. On the 14th I removed all the sutures—union complete—the *fine suture* has aided materially in the perfection of the operation. From the second day until the tenth I renewed the adhesive straps daily—afterwards every other day for a week.

Mrs. Frantz, aged about 35—congenital Labium Leporinum; fissure only about 5 lines deep. In this case I resorted to a modification of the operation, which I flatter myself may prove a valuable suggestion in other similar cases. With a narrow sharp pointed bistoury I transfixed the lip three lines above the upper angle of the fissure, carrying the knife from this point obliquely downward and outward to within three lines of the margin of the lip; having thus made a straight slit parallel to one side of the fissure. I now introduced the knife again at the top of the incision and carried it parallel to the other side of the fissure, in the same manner as before. The triangular border thus intercepted immediately fell to the level of the natural lip, leaving above a triangular hole; to close which, a strong suture was passed through the lip on each side of the base of the triangular opening and drawn snugly together. The portion thrown down, being now inclined to fall too far, it was slightly supported by a single fine suture. One adhesive plaster completed the dressings.

The result is a complete obliteration of the fissure, *leaving nothing of that slight depression which almost invariably remains from a successful operation.*

C. D. Palmyra, aged 24—congenital fissure; does not extend through bones.

Operation, Jan. 30, 1846. Instructed by the favorable result of the case last mentioned, I determined here, also, if possible, to prevent the persistence of the usual unseemly depression. But the fissure was too deep to allow me to proceed in precisely the same manner. I therefore scarified the edges of the fissure in the usual way: then I seized upon the lip and introducing the knife about four lines above the junction of the fissure with the straight border of the lip, carried it horizontally outward and parallel with the straight border of the lip, 4 lines. The same was repeated upon the opposite margin of the fissure. The ends of these two flaps were now squared and brought together by a suture, leaving the lower margin perfectly straight. The balance of the operation was completed according to my usual mode, with sutures, adhesive plasters, &c.

The result of this case is most gratifying, and determines me to adopt this modification in all similar cases hereafter.

Hereditary Elephantiasis Tuberculosa. This is the only instance of this terrible malady it has been my fortune to meet with on this continent, and north of the 35th parallel.

Mrs. J. S., aged 30. Born and resided in Putnam Co. in this State until the last 16 years: since then has resided in Wayne Co.: has never lived South. A brother has two similar tumors on head. The father, now 60 years old, has a number; and the grandmother on the fathers

side had the same. All are natives of a northern climate. With Mrs. S. the tumors commenced on the upper part of face, about 12 years since, and have gradually multiplied. They now vary in size from a small shot to a Madeira nut, being larger on the crown and gradually diminishing in size down the face, covering completely with scarce the interval of one line the top and sides of the head, forehead, &c. They are of a pale pink color and possess the feel and form of pretty firm adipose tumors; painless and soreless unless injured. One has ulcerated spontaneously and disappeared—one she removed by ligation. Her complexion is fair—hair light—general appearance delicate, but healthy. She is well, except that she has occasionally an acid stomach.

I considered a cure impossible, but with a view of retardation, directed a solution of nit. arg. gr. i, water iii℥, as a daily lotion to the tumors, and antacids internally.

Ptosis. Dec. 20th. Miss E. Merrithew, aged 16—complete Ptosis in both eyes as a result of chronic inflammation. An operation has once been made, but too little was removed and no benefit was obtained. I removed from each upper lid a piece of integument of the length of the lid, elliptical, and half an inch wide in the center. Secured lips of wound with four sutures on each lid. Result, complete success.

Ptosis. Mrs. ——— of ———, aged 45. Result of chronic ophthalmia—partial—conjunctiva thickened. Removed a piece of integument of the same length but not as wide; used three sutures. Result, successful.

Pterygium. H. P., South Sodus—aged 26. Commenced at inner canthus three years since; is now broad and fleshy; its apex encroaches two lines upon the cornea.

I advised him of my usual want of success in these cases, whether interfered with by astringents, caustics or the knife, but he urged the operation. With bull-dog forceps and scissors I excised it from the margin of the cornea inward four lines, and in breadth exceeding by one line the margin of the pterygium, determining to give the case a fair trial.

In six weeks the patient was before the class and the pterygium was as large as before the operation. He now consented to let it alone; probably it will never materially impair vision. I have occasionally succeeded in effectually eradicating pterygea, yet *generally* my interference has rendered them worse. I prefer the scissors to caustic.

Several cases of *cataract* upon which I operated by *laceration*, possess no special interest.

Of *Aneurism* by *Anastomosis* 5 cases were removed either by ligature or knife; the ages of the patients ranging between five months and three years. A very interesting case of varicose tumor on the arm of Mr. P. of Seneca Falls, I shall report as soon as the result is known.

Necrosis of shaft of Humerus. Henry King, aged 15. Disease of 7 years standing. With Heys-saw, a chisel and mallet, a longitudinal opening was made in the new shaft of four inches in length, and a sequestrum of about 5 inches removed. The wound has healed kindly.

Letter from Accoucheur.—No. 5.

For the Buffalo Medical Journal,

No incident in the parturient state gives the Accoucheur more anxiety and apprehension than uterine hemorrhage before and after delivery; and it will be most happy for him if he have often contemplated its probable occurrence, and have decided beforehand, how to act with promptitude and decision, prospectively as it were, in the emergency.

Its access is usually sudden and without premonition; often profuse and perilous. Before delivery it may arise from premature detachment of a part, or the whole of the placenta; or from its attachment to, or near the cervix uteri. In either case, when the hemorrhage is profuse the safety of the mother demands immediate delivery. If it appear on examination that the condition of the organs will not justify an attempt to effect delivery, the accoucheur may expedite it by provoking the uterus to sufficient expulsive action by irritating the tincæ as has been described before; or by plugging the vagina he may suppress the hemorrhage until pains return, or the condition of the organs will enable him to accomplish safely the delivery. As long as the uterus can be provoked to act, the patient will not die of hemorrhage; but when the pains cease, and the uterus can no longer be made to contract, there should be no delay—no reliance should be placed on the use of refrigerants, or astringents, or styptics, or on ergot, supposed by some—and to a certain extent the opinion still obtains—to exert a specific influence on the uterus in parturition. After repeated experiments made years ago with ergot gathered fresh from the fields by myself, and after having witnessed its exhibition by the sanguine advocates for its use, I aver that I have never seen, in a single instance, any decisive, unequivocal effect from its administration; and I am constrained to believe it to be inert, and useless, having no more power on the uterus, under any circumstances, than the same amount of saw-dust. In the present state of opinion, inert and useless as I believe it to be, I would neither deprecate nor condemn its use, for in lingering and protracted labor I have often happily succeeded in soothing the impatience and raising the despondency of the patient by *cautiously* administering what was *suspected* to be ergot. In a word, ergot, the “Pulvis Parturiens”!! I consider a harmless humbug; destined perhaps to give way and yield the palm to Mesmerism—another humbug of “purer ray” or “deeper dye.”

When the pains have ceased from hemorrhage, and langor, exhaustion, and approaching syncope admonish the accoucheur of the necessity of immediate delivery, if he cannot avail himself of the vectis, the forceps, blunt-hook, or crotchet, he will find little or no resistance or difficulty in proceeding to turn the child, and deliver *by a foot*; and if the uterus do not then immediately contract, he will plug the vagina and compress the abdomen.

I was called to Mrs. W., the mother of a numerous family, and found her on the bed, pale and apparently lifeless, and deluged in blood; her friends standing around aghast. The question arose instinctively to my lips, is she dead? Proceeding instantly to an examination, to my consternation and horror, I found the arm of a foetus protruded to the

shoulder ; thrusting my fingers into the axilla of the child, I raised the shoulders without resistance, and in doing it a foot slid into my hand, which I grasped, brought it down and accomplished the delivery,—foetus and placenta simultaneously, in less time than I have taken to record it. Mrs. W. recovered.

I was called to the wife of a Welch Weaver, and found her on a straw pallet, pale, cold, pulseless, and insensible, surrounded by a bevy of her country-women, of whom I could learn nothing. Proceeding to an examination, I encountered the placenta, expelled, and the cord was broken ; tracing the cord to the head of the child resting on the brim of the pelvis, I put it aside and carried my hand forward in search of a foot, which I found without difficulty, brought it down and accomplished the delivery. This poor woman recovered, but it was many days before she could be made conscious that she had become a mother.

Extreme cases to be sure are not of every day occurrence, nevertheless they occur often enough to render every accoucher of middle age, somewhat familiar with them.—Suppose, and it is “a question to be asked”—suppose in the two cases above described, (more might be adduced,) instead of resorting to the *ultima ratio*, delivery—the vagina had been plugged (if practicable) with ice, or the abdomen covered with a cold wet napkin, or acetate of lead and opium had been administered, ergot in substance, or decoction.—What probably would have been the result ? Does it need “any ghost from the grave” to answer the question ? In all cases of uterine hemorrhage before delivery when the accoucheur shall have decided on immediate delivery, if he cannot avail himself of instruments, he will proceed to introduce his hand without regarding the attachment of the placenta, whether in or over the cervix uteri, and carry it steadily forward, by, over, or through the placenta in search of a foot ; and when he has found it, he will bring it down—and losing no time in useless search for the other foot—he will complete the delivery.

Uterine hemorrhage is a more frequent and fatal occurrence after, than before delivery:—It may arise from retained placenta, or from morbid attachment of a part of it, from want of close contraction of the uterus ; or from a too hasty removal of the placenta. If the uterus cannot be provoked to expel its contents by artificial means—by shampooing the abdomen, or irritating the tinae, —the accoucheur will introduce his hand, and not withdraw it until he have secured, (if practicable,) the object for which he introduced it. After this, the uterus may be made to contract by irritating the tinae, or by plugging the vagina, and compressing the abdomen with an appropriate swath.

Surgical Cases.

Communicated for the Buffalo Medical Journal, by B. F. HASTINGS, M. D.

NILES, MICHIGAN.

DR. FLINT:—I see and read your Journal in these far off regions, and while reading I have thought you might be glad to hear how we practice *who live remote from the fountains of Medical Science.*

Fracture of Tibia and Fibula.—Mr. C., aged 35, fell from a warehouse, fifty feet. I saw patient fifteen minutes after, found fractures of Tibia and Fibula oblique; applied Scultetus, bandage (I prefer it to the properly called 18 tailed) and Desault's straight splint, using moderate extension. At the end of five days, substituted double inclined plane for straight splint, with evident relief to patient. Five weeks from time of accident he walked to my office—very slight displacement at seat of fracture in tibia, but who does better in oblique fractures of large bones?

Compound comminuted Fracture of Tibia and Fibula.—David B. aged 7—Caught his right leg in the "horse-power" of a thrashing machine, producing an extensive laceration of the gastrocnemii, &c., with compound comminuted fractures of tibia and fibula. Drs. Richardson and myself reduced the bones, and closed the wound with sutures, hoping to reduce it by a prompt adhesion to a simple fracture—limb placed in a box and carefully supported.

The limb is saved; but such a limb by the army and by many "hospital" surgeons would have been sacrificed at once. A true surgeon, we believe should be known by the number of limbs he saves, and not by the number he cuts off. To Dr. Richardson, who subsequent to the first dressing alone attended the patient, set down the credit.

Fracture of Phalanx of Index Finger.—Union perfect, and of course it ought to be.

Partial luxation of Tibia backward.—H. R., aged 28—was dragged by a horse with his foot entangled in a stirup. Dr. Manning and myself were called immediately, and while patient was suffering under great prostration, the reduction was made with ease by pulling in a straight line nearly:—I would have thanked any one to have told me before how easily such a grave dislocation might be reduced, it would have saved me several cold chills; remember, however, it was *partial*.

Thus you have a small digest, or a sort of current diary of my "sylvan" surgery. I think it may be worth as much as some things which are thought to be worth more; if you think so, well—print it: if not, just as well—burn it.

Yours, truly,

B. F. HASTINGS.

Niles, St. Josephs Co., Michigan.

EDITORIAL, MEDICAL INTELLIGENCE, &c.

Medical Reform. The improvement of medical instruction, the elevation of the standard of requirements for graduation, and the equalization of the qualifications for diplomas or other credentials of the regular practitioner, are, professedly, the most prominent of the subjects which will come before the National Convention. There seems to be entire unanimity in the profession respecting the necessity of reform in these several particulars. We apprehend that every reader of our journal would consider it gratuitous to argue this point. The present state of medical education is defective and insufficient. The attainments required to enter the ranks of the profession are inadequate, and the provisions regulating medical practice lack that uniformity in the different States which is desirable, and, considering the constant interchanges of popu-

lation, highly important. The consequences of such a state of affairs are too obvious and familiar to require illustration. They are seen and felt by every intelligent and honorable member of the profession. We will not now prosecute an inquiry into the causes which have led to the evils to which we refer. On this topic difference of opinion probably exists. We think that erroneous views prevail to a considerable extent respecting it, and that undeserved blame is frequently attached to medical schools from an imaginary agency which they are supposed to exert in bringing about the results referred to. The true explanation we suppose to be briefly this: 'The regulation of the whole matter has been heretofore in the hands of legislation. It has been supposed to involve the public welfare and interests sufficiently to make it proper and necessary for the public to assume its control. Public sentiment, however, for many years has been opposed to this connection. Under the influence of a popular jealousy of all exclusive privileges, legal restrictions, always few and inefficient, have been withdrawn, the policy of legislative protection has been abandoned, until, at length, the disavowance is really or virtually complete throughout the union. The character and requisitions of the profession are in fact relinquished into the hands of its members. What the profession is to be for some time to come, is for the profession itself to decide. No concerted deliberation and action have as yet taken place. But the time has arrived when they are called for, and, it is to be hoped, with an earnestness and unanimity which will ensure important results. In the relations which legislation has assumed toward us, as respects any peculiar legal privileges, we do not, for one, complain; but we think that the public welfare, not less than the character of the profession, has been overlooked in the determination to eradicate every vestige of what has treated as a remnant of aristocratic institutions. We would not ask an iota of legal protection either for our interests or honor: but in consideration of the public benefits which flow from the progressive advancement of medical science, and the importance to the public of well educated practitioners of medicine and surgery, we may with great propriety claim in behalf of our profession a more liberal legislative policy than is at present in vogue. We are willing to rely upon our own efforts to maintain, as individuals, the dignity and usefulness of the profession, and to trust to our abilities and assiduity for support, but, assuredly, it is not asking too much from legislation to provide facilities and encouragements for the promotion of knowledge and scientific progress. Let the State undertake, if it will, to educate all who wish to become practitioners at the public expense; we will not complain that such a course would crowd the ranks of the profession; only let the advantages and educational arrangements be of a high and worthy character—but we must defer farther considerations upon this topic. Our purpose in this article is to submit, briefly, our views of reform relating to improvements in medical instruction, and an uniform standard of acquirement. We proceed at once to this department of the subject.'

The absence of any provision for proper preliminary education is one of the fundamental evils of the present system. A large proportion of the young men who enter upon the study of medicine are very imperfectly prepared by previous discipline and acquirement. Persons who would

not be admitted as freshmen at any of our collegiate institutions, do not hesitate to enroll themselves as medical pupils; and, yet, how absurd to suppose that as much previous qualification, to say the least, as is necessary to commence a college course is not requisite for the novitiate in medical science! Instances have doubtless occurred in which medical students sadly deficient in preliminary attainments, by dint of industry and perseverance during the period of medical pupillage and afterward, have made up for the loss of early advantages. There have been those, also, who by the force of superior talents have accomplished an enviable position in the profession without these qualifications. These, however, are exceptional cases, and do not affect the general rule. If a medical student be miserably deficient in mental training, and in the elementary branches of a good general education, the probability is he will make an unworthy member of the profession; and the fact that at this moment the profession embraces so many who are grossly ignorant in every department of a common education, and notoriously deficient in general intelligence, more than any thing else contributes to create dissatisfaction and disgust with the profession among well educated and intelligent minds. It is surely needless to amplify upon this point; nor is there room for difference of sentiment as to the minimum which should be required of the medical student before being permitted to enter upon the study. To a good proficiency in all the branches of what is called a common English education, should be added classical attainments sufficient, at least, for the philology of scientific nomenclatures; an acquaintance with the elements of Physics, Chemistry, and Natural History; and a fair knowledge of mental philosophy, embodying the fundamental principles of logic. It would be more satisfactory if evidence of these preliminary qualifications were furnished before the student actually enters upon medical studies. If medical schools would make it a rule to examine on this point before delivering tickets, the object might in this way be secured. But if this be not advisable, the diploma, or licence should never be bestowed without this evidence, together with proper testimonials of the intellectual and moral character of the applicant.

Next, as to Medical Studies proper. The advantages of oral instruction are too apparent, and have been too long recognised to require advocacy. But it must be conceded by all who have bestowed any reflection on the subject, that these advantages are very imperfectly enjoyed by the American student, owing to the shortness of the lecture terms in all of our medical institutions. It is usual for from five to seven lectures to be delivered daily during the term, and even then, in some, if not most of the departments, the courses are unfinished for want of time. In addition to this, it is generally expected that dissections and clinical observations will receive a considerable share of attention. Now, under these circumstances, no student can avail himself faithfully of all the advantages placed before him. It is impossible for the mind to receive, arrange and assimilate the ideas upon different subjects to which the attention is directed in such rapid succession. Passing from one lecture room to another, the facts presented in each succeeding hour supplant a large portion of those which have previously been received; the mental faculties become fatigued with the prolonged exercise of the attention, and the variety of ideas; and the consequence is, that if the pupil be ever so diligent and

constant in his attendance, he fails to do justice both to himself, and to the efforts of his teachers. The most common result is, that after a fruitless effort to be attentive to all branches, he finds it absolutely necessary to neglect some, in order to improve the remainder.

We think that the lecture term should be extended, at least to six months. At most, but four lectures should be given daily. And it seems to us that it would be an improvement in all cases to classify the several departments, and have the attention of the student directed at one time to two or three only. Thus Anatomy, Physiology, and Surgery, are united by intimate relations, and may with great advantage be prosecuted simultaneously. Medical Chemistry, Pathology, Practical Medicine, and *Materia Medica*, have especial affinities. Midwifery and Legal Medicine, are frequently associated in the same chair. These details, however, do not belong to the present occasion.

Dissections should always be prosecuted out of the lecture term. Provisions are made for this at several of our colleges, but we fear they are not sufficiently embraced by students. If the student endeavors to carry on his labors in this province while he is attending lectures, it will surely follow that either *it*, or the lectures are neglected. It seems to us that it would be good policy to leave practical anatomy to private enterprise, requiring of the pupil as a qualification for graduation, proper evidence that he has pursued dissections to an extent deemed necessary. This would build up in all suitable localities, good private anatomical schools, and would greatly conduce to the increase of facilities for prosecuting this branch faithfully and thoroughly.

The same necessity also exists for constituting clinical medicine a branch of study, to be pursued out of lecture term. The introduction of cases to illustrate principles of medical and surgical practice in connexion with didactic teaching, is, of course, desirable; but to watch closely from day to day the progress of disease, and the effects of remedies, and connect suitable reading and reflection upon the pathological and therapeutical principles involved, will require too large a share of the student's attention to be divided with daily attendance upon several lectures—unless they are clinical lectures given in connection with the cases which are under observation. In proof that this position is correct, we would adduce facts which have lately been published by the editors of the *New-York Journal of Medicine*, and the *Bulletin of Medical Science*, relative to the actual attendance of the medical students who congregate in such large numbers during the lecture terms at New-York and Philadelphia. In New-York, out of six hundred students who were attending medical lectures at the two schools in that city, only twenty had taken the hospital ticket on the 22d Dec, last! In Philadelphia more than a thousand pupils were assembled the past winter at the three schools, and, of these, *ninety* took the ticket admitting to the Pennsylvania hospital! These facts speak sufficiently for themselves. Are students disinclined to clinical study? Certainly not; but if they give tolerable attendance to the lectures, they have neither time nor physical and mental strength for more.

The importance of clinical instruction is not sufficiently recognised in our present system. Didactic teaching can never qualify a student to enter at once upon the responsibilities of practice. If he do venture upon *them* with this preparation only, (as is often the case) he acquires that

amount of practical observation and experience which is necessary to render him in any respect a safe practitioner, at the expense of the patients who trust their lives to his care in the early part of his career. This is the plain state of the case, and the appeal may very confidently be made to the personal retrospections of many of our readers for its confirmation. Medical schools should therefore require as a qualification for graduation, evidence of proper acquirements in Clinical medicine. This is the case in foreign schools, and it is one of the most serious defects of our system, that it is not in this country.

In order to meet the wants of the pupil, every hospital and alms-house, should be a school for instruction at the bed side, where students can become familiar with the phenomena of disease, and all the details of treatment, before they assume the responsibility of managing cases for themselves. Clinical lectures should be given at these institutions irrespective of the lecture session so called. This plan would also have the advantage of affording additional encouragement for medical abilities, and a new avenue for honorable distinction: it would develop talent, and prepare for the exercise of the more formal and comprehensive duties of the teacher.

To complete the course of study as we have briefly indicated, and to prepare the student to commence the duties of the practitioner, we conceive the present period of pupilage too short. We advocate its extension at least one year, and we should be better satisfied to have it fixed at five years.

Finally, (as we must bring this article to a close,) the occupation of the student out of his lecture term, should be better provided for than it generally is at present. We have already spoken of important branches which are to be pursued at these intervals. But in addition we deem the establishment of private schools at all favorable points, a measure of great importance. Situated as a large proportion of students are in the offices of private Physicians, without modern books, and with few or none of the functions of an instructor exercised in his behalf, his time is in a great measure lost. It is often worse than lost, for it frequently happens that he imbibes the routine errors of the practitioner, whose dogmatical maxims constitute the only lessons he receives, which, if he would afterward progress, he is compelled to unlearn. Without enlarging on this subject, we would refer our readers to some excellent remarks by Dr. Davis, in the January number of the New-York Journal of Medicine.

The number of the same valuable Journal for March, contains an address by Dr. F. Campbell Stewart, on the present condition of the medical profession, which embraces sound and judicious views, and commends itself to the perusal of all who take an interest in a matter, which at the present time, is invested with vital importance.

Since this article was penned we have received a copy of Dr. Stewart's address, which has been published in a pamphlet form. We trust it will be extensively circulated.

Action of the State Medical Society on the subject of the National Convention.—We give below, the Report and Resolutions adopted by the State Medical Society, relative to the National Convention, which we have received from the Chairman of the Committee on this subject, Dr. N. S. Davis.

It will be observed that one of the resolutions is directed particularly against the election of delegates by County and other local Societies. We are warranted in saying, however, and we do so in justice to the Committee, that this resolution was penned in compliance with a request from a delegate without considering its bearing, and was passed by the Society without discussion, and probably without deliberation. The reader will observe on comparing the first and second resolution that there is an evident inconsistency and incompatibility between the two. Had it been otherwise, however, and under any circumstances, the resolution should have no import with reference to the action of County and other Associations. The latter are independent bodies, and as such are fully qualified to act upon their own responsibility: The State Society is by no means authorized to anticipate the doings of the Convention and predetermine the regulations by which it will be guided in its composition and action.—

We are prepared to say that the Chairman of the Committee is not opposed to the election of delegates by local Societies, and that, in common with most others, he entertains the opinion that delegates so elected will be received by the Convention, in addition to those appointed by the State Society.—EDITOR BUFFALO MEDICAL JOURNAL.

“The Committee appointed at the last annual meeting of the New-York State Medical Society, to carry into effect a resolution passed at the same meeting inviting a National Medical Convention, in May next, would respectfully report as follows:—

“In the early part of last season, the Committee through their Chairman, addressed a circular containing the preamble and resolutions of this Society, with such comments as were deemed advisable, to all the State medical societies and medical Colleges in the United States, as far as the existence of such Societies and Colleges could be ascertained. And in those States where neither State Societies nor Colleges existed, a circular was addressed to some leading member of the profession, inviting him to take measures for having his State represented in the proposed Convention. Replies to these circulars and letters have been received from the following officers of Medical Societies, and Colleges, and private members of the profession, viz: Drs. W. W. Morris, of Dover, Delaware State; A. H. Buchanan, of Tennessee; W. P. Johnston, of Washington city; T. T. Hewson, R. M. Huston, and W. E. Thorne, of Philadelphia; Luther Ticknor, Connecticut; W. H. McKee, of North Carolina; E. H. Pearle, of Hanover; Paul F. Eve, of Georgia; J. H. Thompson, of New-Jersey; J. W. Davis, of Indiana; A. Twitchell, of New-Hampshire; John W. Draper, A. H. Stevens, Willard Parker, and C. A. Lee, of New-York; J. Drake, of Ohio; Lawsen, of Kentucky; and Carpenter, of Louisiana. And delegates have been freely pledged from Societies and Colleges in Maine, New Hampshire, Connecticut, New Jersey, Delaware, District of Columbia, South Carolina, Georgia, Mississippi, Louisiana, Tennessee, Kentucky, Ohio, Indiana and New-York. The medical Schools of Philadelphia are the only ones from whom replies have been received, decline sending delegates, and giving a hearty support to the proposed measure. Nearly every medical journal throughout the whole Union has not only favorably noticed, but warmly commended the holding of such a Convention.

“There are some institutions from whom no replies have been received; but, from information obtained from other sources, there is good reason for believing that most if not all these will appoint delegates as soon as they are fully assured that the Convention *will* be held. It will thus be

seen that in far the larger part of our Union, the invitation of this Society has met with a prompt and hearty response from the profession; and it is with much regret that we find even a few institutions declining to take any part in so important a movement. But when we consider the wide extent of our territory, and the great number of our institutions, all engaged, we should hope, in a generous rivalry with each other, the expression in favor of a Convention is certainly more unanimous, and more promising of good than could have been anticipated. Indeed the leading and influential members of the medical profession have long felt the necessity of some National action; some central point of influence around which the active and choice spirits of the whole profession can rally, and from which may be made to radiate an elevating, healthful, and nationalizing influence over the whole country.

"Hence, it only remains for this Society to carry out the work it has so nobly commenced. The faculty in the New-York University have very generously tendered to this Society, the use of any room or rooms in their College Edifice, that may be desired, for the Convention to meet in. Some State Societies and Colleges have already appointed their delegates, while others have expressed a desire that the Society would fix the number of delegates to be appointed by each Society and College. For the purpose of furthering the objects in view, your Committee would respectfully submit the following resolutions, viz:

"1st. *Resolved*, That the preamble and resolutions passed by this Society, at its annual session, Feb. 6th, 1845, did not contemplate the appointment of delegates to the National Convention, by County or merely local Societies, in those States where delegates are appointed by a regularly organized State Society.*

"2d. *Resolved*, That as some Societies and Colleges have already appointed their delegates, therefore, the number to be appointed by any one of these institutions should be left entirely to the discretion of the appointing body.

"3d. *Resolved*, That sixteen delegates be appointed to represent this Society in the proposed National Convention, viz: two from each Senatorial District in the State.

"4th. *Resolved*, That this Society accept the offer of the faculty in the New-York University, respecting their rooms; and consequently that the members of said National Convention are invited to assemble in the College Edifice of New-York University, at 10 o'clock A. M., on the first Tuesday in May next.

"5th. *Resolved*, That a committee of three be appointed to continue the efforts to further the objects of the proposed Convention; and to exert all their influence to make it truly National in composition and action.

"6th. *Resolved*, That the above committee be authorized to invite the Superintendents of lunatic asylums in the several States to attend the Convention.

"7th. *Resolved*, That the Committee be further authorised and enjoined to send a copy of this Report, together with the action of this Society

 The Editor of the New-York Journal of Medicine comments as follows:

* We may remark that it appears to be the general wish that additional delegates should be chosen by all County Societies, in this and other States, as being the truest mode of representing the profession throughout the Union. We presume no objections will be taken to such action.

thereon, to all the medical journals in the United States, with a request that they publish the same, on or before the 1st of April next.

N. S. DAVIS,
JAMES McNAUGHTON, } Committee.
PETER VAN BUREN, }

Albany, February, 3, 1846.

"The above Report and Resolutions were unanimously adopted by the Society. The same Committee of three was re-appointed in answer to the 5th resolution. Two delegates were also appointed from each Senatorial District in obedience to Resolution 3d.

N. S. DAVIS,
Chairman of Committee."

French Medical Congress.—In view of the approaching effort by the profession of this Country for reform and self elevation, we have thought that an account of the recent Convention in Paris may be interesting to our readers. We therefore give place to the following summary of the results of the deliberation of that body, as communicated by a Correspondent of the London Lancet, and republished in the Bulletin of Medical Science. The reader will not fail to observe some striking differences between the system of medical instruction in this country and that of France, as well as in the relations which government sustains toward the profession in the two countries. The number, unanimity and enthusiasm of the delegates assembled at the Parisian Congress is also worthy to be noted. We fervently trust that an approaching Convention, may in some degree resemble it in these particulars. To economize space, we omit some portions of the report, embracing the speeches of the President of the Congress and the Minister of Public Instruction, together with a few paragraphs which relate to matters not applicable or interesting to the profession of this country.—
EDITOR BUFFALO MEDICAL JOURNAL.

The Medical Congress at Paris.—The importance of the Medical Congress which has just taken place in Paris, is such as to render it imperative on us to present our readers with a detailed account of its history and proceedings, and this we now purpose doing.

The medical profession in France, although organized in a much more efficient and liberal manner than in this country, presents still many anomalies and imperfections, which have given rise to much discussion during the last few years. The necessity of extensive modification has, indeed, been so deeply and so extensively admitted, that the Minister of Public Instruction promised last session to bring before the Chamber of Deputies in 1846, a bill calculated to remedy the evils complained of.—As with ourselves, there is so much difference of opinion respecting the nature of the reforms that are required, that it appeared probable to most of those who took any interest in the question, that unless some means were previously taken to discuss the subject, and to embody in a series of propositions the results thus arrived at, the measures adopted in the parliamentary bill would most likely please no party. Under these circumstances, a few months ago the Editor of the leading medical journal, "The Gazette des Hopitaux, or French Lancet," proposed that a medical congress composed of delegates from all parts of France, should meet in Paris, prior to the opening of the Chamber of Deputies, and discuss the entire subject of medical reform. This idea was at once re-

sponded to with enthusiasm. On the 14th of last June, a meeting of the editors of the Parisian medical journals took place, the convocation of a national congress was unanimously approved of, and it was decided that publicity should be given to the plan, and that a request should be addressed to all the medical, pharmaceutical, and veterinary societies in France, to send delegates to a preliminary meeting, to be held on the 2nd of August. At this preliminary meeting, composed of delegates from the scientific societies, and of the editors of the medical journals, a committee of fifteen members, representing the three sections of medicine, was appointed and empowered to make every necessary arrangement for the organization and convocation of the congress. The powers thus granted to the committee were strictly limited to the above points.

The first step adopted by the preliminary committee was to give as extensive publicity as possible to the decision of the meeting of the 2nd of August, respecting the congress. The members of the medical profession were addressed through the political journals, which generously gave every possible assistance, and through the medical and scientific societies; whilst, on the other hand, direct communications were made to the faculties of the medical schools, and to the most eminent men in the profession. More than three thousand five hundred collective or individual adhesions were the immediate results of these measures, and the warmest sympathy was everywhere expressed. Of these, two thousand five hundred were doctors in medicine, nine hundred "pharmaciens," (chemists and druggists,) and the remainder veterinary practitioners.

Before we commence analysing the proceedings of this important assembly, it is absolutely necessary that we should give a short account of the present organization of the medical profession in France. This, however, we shall do very briefly, referring to the essay now publishing on this subject, in the LANCET, by Dr. Henry Bennet for further details.

The medical profession in France, as far as medicine and surgery are concerned, constitutes part of the University of France, which is itself, under the jurisdiction of the Minister of Public Instruction. The University of France is composed of five faculties, the faculty of theology, the faculty of sciences, the faculty of arts, (letters,) the faculty of law, and the faculty of medicine. Some of these faculties are multiple. Thus there are three distinct faculties of medicine, those of Paris, Montpellier and Strasburg. The three faculties of medicine all present the same organization, with the exception that the one in Paris has a larger number of professors, and is more efficiently composed than the other two. They all examine and grant degrees. In addition, there are a number of secondary medical schools in the larger provincial towns, the certificates of which are received for part of the curriculum, but which have no power to examine or give diplomas. The degrees awarded by the faculties of medicine are those of doctor in medicine, doctor in surgery, and officer of health, (officier de sante.) The degrees of doctor in medicine and doctor in surgery are pretty much the same, the only difference being, that to obtain that of the doctor in surgery, the thesis *must* be on a surgical subject; whereas, for the degree of doctor in medicine, it may be either on a medical or on a surgical question. The degree in surgery, therefore, is scarcely ever taken, not by one in a hundred. The curricu-

lum being precisely the same for both, and the doctors in medicine nearly all practicing surgery and midwifery, as well as medicine, indeed, every thing that comes in their way, the distinction is not recognised either by the profession or by the public. The doctors are also obliged, previously to commencing their studies, to take out two university degrees, that of bachelor of arts in the faculty of arts, and bachelor of sciences in the faculty of sciences.

The officers of health are a very inferior grade of practitioners, from whom no university degree is demanded, and whose medical education merely extends over a period of three years. They are generally ignorant men, of illiterate habits, and have no station amongst the educated classes of the community. Their degrees are partly granted by the faculties, but principally by travelling juries, formed of three professors from each faculty, who every year make a kind of circuit. They are considered the bane of the profession, and certainly by their unequal competition with the regularly educated practitioners, do much towards destroying professional profits, and degrading the profession. A very strong feeling against them exists, and there can scarcely be a doubt but that the grade will very shortly be abolished.

The chemists and druggists, (*pharmaciens*) constitute a very different body from what they do with us. They alone are allowed to keep and sell medicinal preparations, unless there should be none residing within a reasonable distance of a doctor or officer of health, in which case the latter is allowed to keep and prepare medicines, but for his patients only. The *pharmaciens* are all graduates of the schools of Pharmacy of Paris, Montpellier and Strasburg. To obtain their degree, they have to go through a three years' course of study at one of the above schools of pharmacy, which, although under the control of the university, are distinct from the faculties of medicine. By a recent decree, the degree of bachelor of arts (letters) will henceforth be demanded of all students previous to their entering at these schools, a measure which will entail upon them an eight or ten years' previous course of classical study. They are not allowed to sell anything but drugs, or to keep on their premises, or to retail, secret remedies, or any other formulæ but those which are contained in the codex, or for which they have received a prescription signed in full by a doctor or officer of health. They are thus restricted entirely, by law to the preparation of the prescriptions of medical practitioners, of which, on the other hand, they have the monopoly. The veterinary schools are not under the jurisdiction of the university, but of the Minister of Commerce. The organization of the veterinary body is far from being as complete and as satisfactory as that of the medical and pharmaceutical.

Such is the present state of the medical profession in France. Brief as is the above sketch, it will enable us to follow the Parisian congress in its interesting and important labors. * * * * *

The following is a brief synopsis of the results arrived at by the congress, the labors of which extended from the 4th to the 14th of November:—

The division of the teaching of the medical sciences between the three faculties and the preparatory schools is advantageous. (The utility of the preparatory or secondary medical schools has been much questioned

of late. By this resolution, their continuance has received the sanction of the Congress, but it is also considered advisable that they should remain strictly preparatory Schools, and only be entrusted with the first period of the education of Students, all of whom ought to complete their studies in the faculties.)

The establishment of chairs of history and medical philosophy in the three faculties is advisable; also that of one on pathological anatomy in the faculty of Montpellier. (These chairs are, at present, wanting.)

The Paris Hospitals devoted to certain special diseases ought to be made the theatre of official clinical instruction. (M. Lisfranc proposed, as an amendment, that all Hospital Physicians and Surgeons should be obliged to give clinical lectures on the patients entrusted to their charge. This amendment, however, was negatived, on the plea that it would be too great an interference with individual liberty; but the wish was expressed that the medical officers of all Hospitals should be at liberty to lecture on their patients independently of any special authorization.—They are now obliged to apply for the sanction of the civil authorities of the Hospital, by whom, however, it is never refused.)

The number of faculties now existing is sufficient, being neither too considerable, nor too small. (It had been proposed by some to abolish the faculties of Montpellier and of Strasburg, transforming them into secondary Schools.)

The secondary Schools should be made more efficient, and connected as intimately as possible with the Medical and the Surgical departments of the local Hospitals. They ought also to be withdrawn from the hands of the local authorities, by whom they are now regulated, and placed under the jurisdiction of the University. Students educated at them should be obliged to pass an examination at the close of the second year's studies, previous to being allowed to commence the third.

All legally qualified members of the medical body in France should have the right by law, to teach the medico-chirurgical sciences, and government ought, in Paris and in the principal provincial towns, to place at the disposal of medical practitioners thus wishing to teach any branch of medicine an appropriate locality, and afford them every assistance.—At the same time, lectures thus given are not to interfere with the official instruction given at the faculties and secondary schools, nor to constitute a title towards obtaining University degrees. In a word, they are merely to represent opinions and doctrines.

The authorities are requested to insert in the new medical law a special article, favoring in every possible way clinical teaching by Physicians and Surgeons to Hospitals, both in the metropolis and in the provinces, and giving them the greatest latitude on this score.

The nomination of professors in the faculties of medicine, in the special Schools of Medicine, and in the Veterinary Schools, ought always to take place by concours. (The concours has adversaries in France, and was warmly attacked by them in the Congress, but without success.)

The functions of professors ought to be temporary, and to cease at the age of sixty-five. The professors should then become honorary, and take a part in the board-meetings, deliberations, concours, and administrative labors of the faculties and secondary schools, but without participating in the examinations. They should enjoy their entire salary until the age of seventy, and then retire.

The mechanism adopted for the concours in the faculties ought also to be adopted in the secondary medical schools—that is, one-third of the judges should be taken from among the professors, one-third from the medical academies or societies, and one-third from practising members of the profession.

The existing institution of assistant professors in the faculties, (*aggregés*), appointed by concours, is approved of, and it is suggested that their salaries should be increased.

The preliminary literary guarantees now demanded of pupils who enter the medical profession, are deemed sufficient, but not too onerous. These guarantees are a bachelor's degree in letters, (arts,) and a bachelor's degree in sciences. They pre-suppose a complete classical and scientific education, of at least ten years' duration.

It is thought expedient to prolong the duration of medical studies from four years to five, to exact an examination at the end of each year, and to oblige all students to serve for at least a year as dressers in some hospital.

The admission and final examinations of doctors should be entrusted to a jury formed partly of professors and regular examiners, and partly of practitioners. The examinations of students should be made even still more practical than they now are. In addition to the five examinations already exacted, a sixth should be added on the subjects treated of in the new professorships of medical philosophy and history.

Such are the views of the congress with reference to that portion of the medical organization of France which relates to teaching and examining pupils, and to receive candidates. The results arrived at with respect to questions relating to the exercise of the medical profession are still more important.

The first question discussed was that of the existence of two orders of medical practitioners. The expediency of having an inferior grade of practitioners was denied, and the institution of officers of health was declared illegitimate and dangerous. This opinion was clearly enounced in the following resolution, which was carried unanimously:—That it is to be hoped that in any future medical law one class of medical practitioners only will be recognised, that of doctors in medicine. That if such a decision be come to, existing officers of health might be allowed, during five years, to offer themselves as candidates for the M. D. degree at any of the faculties.

It was also decided at the same time, that the institution of district medical officers, to take care of the poor, was not necessary and would be an attack on the liberty of the medical body. (This decision of the congress was arrived at in the opposition to the wishes generally expressed in the documents received from the provinces.)

It was proposed, that debts for medical and surgical services should be recoverable by law during a period of five years from the time they are contracted, instead of during one year only, as at present.

The responsibility of a medical practitioner in a medical case cannot be estimated by non-medical persons. In any case, therefore, in which his responsibility is called into question, the penal articles of the code ought only be applied after a decision has been obtained from a medical jury.

In no case ought a medical practitioner be obliged to give evidence

against his patients, or to reveal to the authorities, facts which have become known to him in the exercise of his profession.

The exercise of medical practice should be confined strictly to persons qualified by law, and any infringement should be visited by efficacious and energetic punishment. The treatment of sick persons by a non-qualified person ought to be considered penal, even should his prescriptions have been signed by a qualified practitioner.

Councils of discipline should be organized in different parts of the country, and endowed with sufficient power to render their jurisdiction efficacious.

Foreign practitioners ought not be admitted to practice until they have given to government the same guarantees that are demanded of native practitioners. Political refugees, however, should be exempted from all the expenses of examination and admission to the M. D. degree.

It would be inexpedient, unjust and impossible, to limit the number of medical practitioners. The medical profession ought to remain, above all others, a liberal profession.

It was decided, that all advertisements, by means of newspapers, placards, prospectuses, pamphlets, or other modes of publicity, with a view to announce the arrival of a medical practitioner in a locality, his address, a particular means of treatment, or the sale of any medicinal preparation ought to be forbidden, under a severe penalty. That by the word medicinal preparation, should be understood all simple and compound substances or preparations, announced, sold or distributed, as possessing medicinal properties.

That none but "pharmaciens" should be allowed to prepare, to sell, or even to distribute gratuitously, any pharmaceutical preparation. That druggists should be allowed to trade wholesale in drugs, but not to sell them by pharmaceutical weight.

That there should be no exception to the foreign clause, except in favor of persons now trading as "herborists," who might still be allowed to sell non-poisonous and indigenous medicinal plants; but that in future no one should be allowed to commence business as a "herborist."

That hospitals and other charitable or religious communities should only be allowed to have a pharmacy for their particular use, and should not sell nor distribute out of doors any medicinal substances.

That the existing laws which forbid the sale of secret remedies should be enforced.

That no pharmacien should be allowed to keep two establishments.

That no person should unite in his own person the profession of medical practitioner and that of pharmacien.

That medical practitioners not residing within a certain reasonable distance of a legally qualified pharmacien, shall be allowed to furnish medicines to their patients, provided the residence of such patients, should be similarly situated in that respect; but that on a pharmacien settling within the prescribed limits, the privilege should cease.

That a public or private partnership or connection between a medical practitioner and a pharmacien should be forbidden under a severe penalty.

That all collusion between medical practitioners and persons foreign to the healing art should likewise be severely forbidden.

That each year the faculties and preparatory schools should choose, by

means of the concours, from amongst the pupils who have studied during two years, a certain number to whom scholarships would be given, in order to enable them to continue their studies at the faculties.

That government should establish, in the localities where mineral waters exist, asylums or hospitals for the use of the poor. That government should take proper measures to ensure the admission of pauper patients from rural districts in the hospitals of the department or district. That government should take necessary measures in order to ensure the reception into the hospitals of travelling poor provided with passports of indigence, should they fall ill on their journey. (These passports entitle those to whom they are granted to a small sum per mile.)

That in the rural parishes, as well as in more important parishes, there should be dispensaries established in order to furnish to the poor medicinal and pharmaceutical remedies, the medical officers of which might be entrusted with the registration of births and deaths in small localities.

That the physicians and surgeons to hospitals and other charitable institutions should always form a part, in proper proportion, of the administrative Board.

That each year the physicians, surgeons and pharmaciens of all the hospitals and establishments of charity should be called upon to meet, and to make the competent authorities a report on the imperfections existing in their establishment, and on the ameliorations required. That copies of these reports should be sent to the heads of the administration to which the charity belongs, to the Minister of the Interior, and to the Prefects of the Departments.

That all physicians and surgeons to hospitals should be named by concours, and for a period of fifteen years only, during five years of which they should be assistants, and during the remaining ten, heads; that after the expiration of the fifteen years they should become honorary, but with the power of again contesting the appointment should they think proper. That no hospital physician or surgeon should have more than sixty beds under his care.

That the physicians connected with the mineral watering towns should be named by concours and submitted to a regular gradation in rank. [At each of the French towns where there are mineral waters there is a physician appointed by government to superintend their administration. These appointments are lucrative and at present in the uncontrolled gift of government.]

That the concours should be adopted for the nominative to all appointments to which it can be applied; that when the concours can be applied, certain rules should be followed as much as possible,—the anterior claims of candidates, their previous success in concours, their scientific labors, their previous services in scientific establishments, &c., being taken into consideration.

That the prerogatives and rank of the medical officers of the army should be modified, so as to render their position more in unison with the real importance of the functions which they fulfil.

That no female should exercise the duties of midwife unless she has shown proof of having received a sufficient amount of primary instruction, and of morality of conduct; and unless she has studied this department of medicine during two years at least. The midwives received in

the faculties, and in the preparatory schools, or by a medical committee, in towns where there is a midwifery charity affording sufficient means of instruction, ought to undergo two examinations; one on the theory, the other on the practice of midwifery. Midwives should not be allowed to practice any serious obstetric operation, or to attend in cases of disease. The only operations which they ought to be permitted to perform are bleeding and vaccination.

In conclusion, the congress, instituted in a spirit of concord, wished to finish its labors in a spirit of union, and consequently adopted, as a last proposition, the following resolutions:—

That free medical associations should be formed whenever it is possible, with the double view of perfecting science and of organizing provident institutions.

That these associations, formed in the chief town of each arrondissement, should, by delegates, constitute societies in the chief towns of each department, which would lastly, centralise in Paris.

The above proposition embody the results at which the Parisian congress has arrived, after the most searching investigations and discussions, carried on, firstly, in the committees, and secondly, in the public assemblies. All these discussions and deliberations took place publicly. The report of the secretary, briefly embodying the labors of the congress, was read at the final meeting of that body, on the 14th of November, in the presence of M. de Salvandy, the Minister of Public Instruction, who had been requested to attend the final meeting. After the reading of the report, M. de Salvandy rose, and made a most eloquent and emphatic speech, which we consider of importance, from its showing the position which the medical profession occupies in the estimation of the public authorities in France. * * * * *

Obituary.—Died at Detroit, Mich., on the 11th ult., Lieut. E. R. Long, M. D., U. S. Army.

Justice to our own feelings and to the feelings of many of our readers, claims some tribute to the memory of our departed friend, whose decease it is our painful duty to record. Having been a resident in this city for several years previous to the present winter, he has left a large circle of attached friends, who mourn his loss with a greater depth of sorrow than ordinarily appertains to the sundering of the ties of friendship by the fell destroyer. Unassuming and gentle in disposition, scrupulously regardful of the opinions and feelings of others, without the least ostentation or affectation, possessing extensive and solid acquirements, united with a refined taste, he instinctively, as it were, won the respect and affection of all who knew him. We doubt if he ever had an enemy, or fell under the imputation of aught which would appear inconsistent with the most exact principles of justice and honor. They, however, who were fortunate enough to possess his intimacy can best appreciate the loss which not alone his kindred and friends, but society has sustained. His life was an exemplification of the domestic, social and christian virtues. These diffused around him a genial influence, while his silent example invited and encouraged imitation.

The medical profession have much cause for regret in his untimely death. Being graduated at West Point, he had been connected with the army for about fifteen years. The profession of arms, however, did not satisfy his wishes. Having a predilection for medicine, he was a diligent votary of its several departments for the last six years of his life. The winter of 1844-5 he passed at Chicago in attendance upon the medical lectures in that city, and received at their close the degree of M. D. As a characteristic instance of his faithful assiduity, it deserves to be stated that of all the lectures in the several departments (from 5 to 7 daily for a period of four months,) he lost his attendance upon a single one only, and this was accidental! His intention was

ultimately to have relinquished his commission, and devote himself to his new profession. He had selected especially the department of medical chemistry, and gave every promise of future usefulness and eminence in that interesting and important branch. Our readers probably need not be reminded that several valuable articles from his pen are contained in the former numbers of this Journal. His health had for many years been delicate, but the disease that proved fatal was typhoid fever.

Miscellaneous Intelligence.—The Medical class at Willoughby medical college, passed some highly complimentary resolutions at the close of the lectures on *Materia Medica*, by Prof. T. Rush Spencer.—The Pope of Rome has forbidden his subjects from attending any scientific congress, and physicians are not allowed to continue their attendance on patients who do not receive the sacrament after the third visit.—A new medical college has been organized in Philadelphia, entitled the "Franklin Medical College." The announcement for the session of 1846-7 states that it has been established "under the opinion that increased accommodation was demanded for the great concourse of students now resorting to Philadelphia" (!) The teachers are Anatomy and Histology, Paul B. Goddard, M. D.; Surgery, C. C. Van Wyck, M. D.; Medicine, Meredith Clymer, M. D.; *Materia Medica*, John B. Biddle, M. D.; Obstetrics, David H. Tucker, M. D.; Physiology and Legal Medicines, Leven S. Jones, M. D.; general organic Chemistry, James B. Rogers, M. D. Philadelphia has now four medical schools.—We find the following very candid confession in one of our city newspapers: "water cure—caution.—The water cure Journal of Dr. Shew, of New-York, in an article on using water in consumption, gives this caution:—"It is to be remembered that we cannot harden every person, and that we may kill many in the attempt."—Prof. Dudley of Lexington, Ky., the most eminent and successful Lithotomist living, has performed the operation in 185 cases—180 of which terminated favorably. Dr. Bush in a late article in the *Western Lancet*, denies that these were *selected* cases.—A friend has directed our attention to a communication in the *New-York Herald*, giving some account of the address delivered at the med. dept., of the University, on the occasion of conferring medical degrees. The writer states that the professor occupied a good portion of the hour in remarks upon the approaching national convention, which he ridiculed as the project of a young man from Binghamton! We hope the address will be published. We should like to see what the professor has to say respecting the atrocious crime of being a young man, and the additional enormity of being a young man from Binghamton!—A new edifice for the medical college in Boston is about to be erected, the site having been presented by Dr. Parkman of that city. Increased accommodations have long been needed.

To our Readers.—We have devoted the greater part of this number to subjects connected with medical reform, to the exclusion of other matter which we had accumulated for the department of Medical Intelligence, &c. We trust that the interest which our readers feel in these subjects renders an apology for this course uncalled for. After the present number we shall only devote to them the relative share of attention to which they are entitled. As we propose to issue on the first of next month simultaneously the last number of the present volume, and the first number of the second volume enlarged, we shall have space to make amends for the dearth of general medical intelligence in our present number. Publishers who have favored us with new publications will find them noticed at that time.

☞ The proceedings of the Buffalo City Association, and of the Erie Co. Medical Society with relation to the National Convention and the appointment of delegates, for want of space in the body of the work are placed on the cover, next page.

We beg leave to call the attention of our readers to our circular, and particularly to the clause offering advantages to subscribers who remit before the first of May.

☞ The Buffalo Medical Association will hold its stated monthly meeting on Tuesday evening, (7th inst.) at the office of Dr. Congar.

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Notes of an European Tour...No. 12.

Communicated for the Buffalo Medical Journal, by F. H. HAMILTON, M. D., Professor of Surgery in Geneva Medical College.

Naples has a population variously estimated from 350 to 450,000, crowded into the narrowest possible space between the high grounds and the sea—dwelling in narrow and irregular streets—occupying every square foot of room from the cellar to the attic of five and six storied houses; and the 40,000 Lazzaroni living on the sands of the beach, and sleeping at night under the sheds of the market places,—beneath the stone gateways and within the cortiles of public buildings! A huge, compact mass of human beings, drawn together, no one can say for what purpose, sustained, no one knows by what means—and who all their lives do little else than laugh and chatter, eat macaroni, drink wine and say mass. The king—"king of the Lazzaroni," loves his people, as a wolf loves the tender kid. He has a palace in the heart of the city, that he may enjoy their constant proximity; and an impregnable castle directly behind it, to which he may retire when their company becomes irksome. When the cholera decimates the population, he celebrates mass for them in his palace at Portici, and sends word that no one must leave the city; but commands that they confess their sins and renew their vows and their offerings at the chapels of their saints. When perishing with famine, they press on him along the Ponte della Maddalena, and throw their black bread into his carriage, he turns his eyes upwards toward the statue of St. Gennaro, and implores a blessing upon the wretches, then orders his secretary to raise the impost upon salt to \$3.00 per bushel, and forbids the use of the sea-brine under penalty of the galleys—to levy a new tax for the building of public roads, but which in three years will be legally forfeited to the crown, because the crown has not authorized the disbursement of the sums thus raised, and to enforce rigidly the payment of one-fourth of all the rents into his own exchequer. To-day I saw the son of the King riding along the chiaja and throwing a few grana to the beggars. My friend *whispered* that he was "making a short loan, and he would call for it in a few days with tremendous usury"—that "such liberality always betokened a new and grinding impost." I am not a seer or this youth is the last of that despotic and bigoted house who shall press the iron upon Neapolitan necks; for when, driven by the tempest of the French revolution, the seeds of Liberty were scattered every where over the plains of Europe, a few withered and straggling grains were let fall

along the fertile banks of the Sebeto and upon the warm hill sides of Parthenope, where, swelling into life they soon struck their vigorous roots deep and strong, and to this day these plants of liberty defy the power of the "Holy Alliance" to tear them up. The "Jacobins" of 1794 and the "Carbonara" of 1820, were from the same stock with the noble patriots, who a few days since, were thrust into the dungeons of the Vicaria for having dreamt of freedom, and who are to be tried and *executed* upon the testimony of letters surreptitiously obtained from the London Post Office by order of Queen Victoria! an act of contemptible espionage and royal theft, which "purple" cannot cover.

From narrow and putrid lanes—from taxation, meagre diet and famine—from poverty, rags and homeless beggary—from mental enslavement, political servitude and chains, the transition to Hospitals, Alms Houses, Foundling Establishments, Lunatic Asylums, Prisons and Gallies, is not forced. The one are the fountains and head streams—the other, the artificial pools into which these various tributaries pour their muddy tides.

The "Spedale degl'Incurabili," which I visited in company with an English Physician for many years a resident of Naples, is situated in a very pleasant and sufficiently elevated part of the city, not far from the College of Medicine and Surgery, and the famous "Museo Borbonico."

It was established and endowed by a Lady of fortune in 1519, and having since then received frequent munificent donations, it has been from time to time enlarged, until now it is the most extensive hospital in the city, and will accommodate more than 1200 patients; who, as the name of the hospital indicates, are generally afflicted with chronic and "incurable" diseases. Females, however, suffering from lues, whether acute or chronic, are sent to the Hospital "Di La Fede"—there is also at the S. d. Incurabili a ward for lying-in women, but devoted exclusively to the unmarried. The infant may be retained by the mother when she leaves, or it may be sent to the Foundling Hospital, to be forever excluded from a knowledge of its parentage. As a suffix to this latter ward, there is a portion of the building allotted to such females as wish to retire from the world.

Connected with the hospital are four Clinical chairs, viz. Medicine, Surgery, Obstetrics and Ophthalmology. There is also a chair of practical Anatomy, which was formerly occupied by the celebrated Dominicus Cotugno ("Cotunnius") whose name is familiar to the Student of Anatomy in connection with the vestibule of the ear, and the spheno-nasal branch of the superior maxillary nerve. Cotugno died in 1822, having bequeathed to this hospital 80,000 ducats, or about \$64,000. In a large and sombre apartment—the "the Consultation Room"—among a number of portraits hangs that of Cotugno, distinguished for its mild but intellectual countenance.

The wards of this hospital are spacious and well ventilated, but not remarkable for neatness or the order of internal arrangements. I missed here for the first time in Europe the "Sisters of Charity"—their places being supplied by male attendants—and perhaps this is sufficient to account for a more than usual lack of cleanliness. Possibly my not meeting with any of the "Sisters" might have been merely accidental. The two wards devoted to phthisical patients did not appear comfortable. The ceil-

ings are arched and rather low, and the windows arranged upon only one side of the apartments, are too loose and open to secure the occupants from the damp and chilling tramontane. The number of consumptive patients is now about 100, and of all the inmates they seemed the least cared for. In all the South of Italy, consumption is believed to be contagious; at least by the people; and I am told that many respectable physicians hold the same opinion. The consequence is that most of the foreigners suffering under this or any similar malady are driven from both private and public houses to the hospitals, where they are lodged as in a "Pest House"—entirely separated from the other wards, and avoided as much as possible by the "Capi Corsee," or ward servants. The floor was dirty, the linen soiled and the patients, each of whom administered to himself from a cup of antimonial solution, looked sad and friendless, and altogether it was a most sorrowful place.

In a small room, called the Museum, may be seen with other anatomical and pathological specimens, a part of the cabinet of the celebrated Scarpa.

The "Spedale della Misericordiella" situated not from the "S. d. Incurabili" I did not visit. I understood however that it belongs to that very humane society the "Misericordia," whose members are occasionally seen in the streets, enveloped in a complete mask; of which fraternity I shall hereafter take occasion to speak and to describe more particularly. The order exists throughout Italy, and I shall doubtless meet with them again, and learn more of their character, duties, &c.

"Santa Maria della Fede" is still beyond the "Misericordiella"—in a quarter of the town to which "Dickens Points" of New York, St. Giles of London, or La Cite of Paris afford no parallel—for here is series of streets, forming a city in themselves, where every house is a lupanare, every man a pander and every woman a courtesan. The hospital of "S. M. d. Fede" is devoted exclusively to these wretches, and corresponds to La Loursine of Paris. The civil and medical police regulating this class of citizens at Naples is similar to that of Paris, but neither as rigid, systematic, or effective. Such open violations of decency are not witnessed, I am confident, in any other city in the world, as in these horrible purlieus.

Returning again westward, toward the centre of the city, we see not far from the "Vicaria", or state prison, a dark prison-looking building, situated upon the Piazza Capuana. This is the "S. San Francesco", or hospital for the reception of sick convicts. Passing by which, for you will not be admitted except by special permission, and crossing the court containing the prison and courts of justice, you enter the "Strada de Tribunali," on the east of which stands the "Spedale della Pace"—occupied by males affected with fevers, inflammations, &c., and which is at the same time one of the smallest and neatest charities in the city.

To see the hospital ("Santa Eligio") devoted to females laboring under similar diseases, you must leave this comparatively wholesome portion of the city and thread your way southward a long distance, among irregular and constantly darkening streets, until you find the "Piazza del Mercato," the principal market square; celebrated in Neapolitan history as the spot where in 1647 Thomas Aniello, by the populace called Masaniello, commenced his famous revolt, and upon which in 1268 the young Prince Conradin was executed. The hospital stands just off from this square,

amid loathsome odors and a more loathsome population. How the poor sick females can manage to live in spite of the braying of jacks, the shouting of market men, the malaria, &c, I cannot conceive, unless indeed, the inmates were all residents of this quarter, and had thus become acclimated before they were received.

The hospital of "Loreto" is about half a mile out of the Porta Carmina on the road to Vesuvius.

The hospital of the "Pellegrini" is in quite the opposite part of the city, and not far distant from the spacious piazza called the "Santo Spirito". In it are admitted male patients who have received surgical injuries. The number is not large, but the building is ample and commodious.

There are in the city two principal military hospitals for the army, "La Trinita," and "La Sagramento." "La Trinita" is on the slope of the hill upon which is placed the formidable castle of St. Elmo. The building was originally a convent, and is one of the thousands which Napoleon, (in this instance *Murat*,) suppressed in Italy, and with the lands and revenues devoted to a *useful* purpose. This convent, Murat gave up to his brave soldiers, of whose comfort he was never less mindful than his brother;—for the monks of La Trinita had chosen one of the most delightful and airy spots in the city, and their green and well shaded terrace commanded a complete view of Naples and the bay, from whence, now, such of the patients of the hospital as can see, for a large number have lost their sight, enjoy daily the splendid panorama spread beneath them. With such a residence one might almost envy them their misfortunes.

When Gualandi of Bologna, wrote of this hospital in 1823, he noticed the great prevalence of ophthalmia among the soldiers of the Italian army, and he ascribed it to the "fine dust formed from the tufa rock upon which Naples and all the adjacent country stands; to the use of stimulating drinks;" (principally, but not entirely the native wines,) "to chilly nights succeeding hot days; to the reflection of the sun and to contagion." But since ophthalmia is not especially prevalent among the citizens of Naples, (indeed I have not seen a blear eye, and rarely a blind eye among all the mendicants, those intinerating lazars of Italy,) who are equally exposed to most of the above assigned causes—and having noticed that a large number of the soldiers were under treatment in the syphilitic wards, I have thought that to gonorrhœa and lues might be ascribed many of those destructive ophthalmic inflammations. The hospital contains not far from 900 patients.

"La Sagramento" is smaller and not as pleasantly situated, but in the same quarter of the city.

Following me in my rambles back to the "chiaja," the navy and marine hospital called Piedigrotta, may be visited while you are paying a visit to the Tomb of Virgil and the "Grotto of Posillipo," near the eastern entrance of which it stands. The wards are more like those of American Hospitals than any I have yet seen, being smaller and more numerous, and thus effecting a more complete separation of the patients: at the same time that by the arrangement of windows and doors "*vis à vis*" a perfect ventilation is ensured. No one feature of nearly all the *European Hospitals* have I felt so much disposed to censure as the great

extent of the "salles" and the consequently large number of invalids who are crowded into one apartment within sight and within sound of each other, and who are compelled thus to hear the groans and crazy mutterings of their dying fellow sufferers, and to witness perhaps the ill suppressed agonies of the only friend, a wife perchance or a husband, who has obtained permission to be present at this last hour. Here a priest with incense and holy water is administering "extreme unction," there the rude servants are closing the eyes and straightening out the limbs, scarcely waiting for the breath to cease from the lips. Such scenes as these are of daily occurrence, and who can doubt but that their influence upon the unfortunate survivors is sadly depressing, to say nothing of the effect of the noise, confusion and bad air inseparable from the presence of such numbers.

Such a charity, as the "Massachusetts General Hospital" I have not yet met; I mean in point of comfort and in excellence of internal arrangement. The hospital of "Piedigrotta," is however, the nearest approach. The galley slaves who work in and about the arsenal, when sick or injured are sent here also.

A few rods from my door, fronting also upon the bay, is the Royal hospital for the blind, established in 1818, chiefly through the exertions of Senore Quadri.

Naples has also a large number of Hospices; the principal of which is the "Seraglio" or "Albergo dei Poveri," situated without the city on the broad and beautiful road, which leads to modern Capua. This is an establishment which deserves notice. The building is yet incomplete, it being proposed that the facade of each of its four sides shall be 1600 feet, and the whole sufficiently large to accomodate 10,000 persons. At present the principal front is over 1000 feet in length, four stories high, and built of stone. Within are three large courts, (when complete there will be five) the entrance is through a beautiful portico, with three arches; the centre arch opening into the church: one of the side arches leading to the apartments of the females and the other to that of the males. About 5550 persons, including orphans, are now sheltered, fed, clothed and *instructed*, in this establishment. The females are taught to sew, knit, work coral, weave linen fabrics, and spin with the distaff. The males are taught various mechanical arts; also to read, write, compute, draw, engrave, &c., &c. A small number are sent regularly to the Hospitals and the University, to receive instruction as "Surgeons." (Not Physicians—to introduce paupers into the fraternity of physicians might offend; but surgeons rank here, as in Palermo, with perruquiers and barbers!) A certain proportion are also educated for the Priesthood; but by far the largest number are trained for the army, the whole of the able bodied male lads being subjected to a regular military discipline and drill. The same rule with regard to the girls obtains here as in the A. d. Poveri, at Genoa, if they marry out of the house they receive 30 ducats, equal to about \$24; which to us might seem a pitiful sum, but to a Neapolitan beggar it is enough for food, lodging and raiment, such as they usually get, for a year. One third of all the labor of the inmates belongs to themselves, and the balance to the government, which last amount, together with the income from the property belonging to the house, fur-

nishes a revenue of 200,000 ducats, to which also the government is pledged to add annually 40,000 ducats.

When this building is completed, it will be the largest hospital in the world, and will probably contain the largest number of paupers, for if it was five times as large it could be filled, and the ranks of the paupers not be sensibly thinned in the kingdom of Naples. The inmates being drawn not from the city of Naples only, but as the inscription over the main entrance implies, from the whole kingdom. But it is very much to be doubted whether, with such a crowded population, however perfect their means of ventilation, the air can be kept sufficiently pure for health, and whether if any contagious or highly pestilential disease should gain admission, it would not become at once a vast lazaret, which it would be dreadful even to approach.

Adjoining the hospital, toward the city, is a large and flourishing botanic garden, handsomely laid out in squares and adorned with fountains. At present it is under the direction of Signore Michael Tenore, author of the "Flora Neapolitana," and a botanist of high rank. It is open to the public daily, and at this season of the year it is a pleasant and fashionable promenade.

On Turpeth Mineral, in Croup.

Communicated for the Buffalo Medical Association, by JOSIAH TROWBRIDGE, M. D.

In the January No. of the Buffalo Medical Journal, I noticed some remarks in relation to a communication from Doctor Hubbard, of Hallowell, Maine, on the use of Sub-Sulphate of Mercury, or Turpeth Mineral, in Croup. The Editor suggests, what I presume to be the fact, that the administration of this remedy in this disease is not confined to the practice of Doctor Hubbard, although I cannot find that it is recommended, or even alluded to, in our best standard works, as a remedy in Croup. On reading the notice, I was favorably impressed with the suggestion, from the effects of this medicine which I had noticed in my own practice. The administration of it, however, so far as I know, has been confined to desperate cases, where the ordinary remedies had failed to afford relief. In such cases it has sometimes failed, as might be expected, and in others it seemed to have the desired effect. I determined on the first opportunity to give it an early and fair trial; an opportunity occurred a few days afterwards.

Case 1st.—A fine healthy boy of four years old was attacked with croup about nine o'clock in the evening; some hive syrup with the ordinary domestic remedies was administered, with some apparent relief, but at about twelve o'clock, *m.* the day following, the symptoms had become greatly aggravated, at which time I was called in: I ordered tart. ant. grs. iv, ipecac grs. x, warm water $\mathfrak{z}$ i; $\mathfrak{z}$ ii of the solution to be administered every fifteen minutes, until full emesis was produced. The emetic operated well. I saw the patient at five o'clock, and he seemed to be entirely relieved. The emetic not having operated as a cathartic, I directed proto-chloride hyd., grs. iv, ipecac gr. i, to be repeated in four hours, and to be followed with castor oil, if necessary. At twelve o'clock, *p. m.* I was again summoned to attend, and found my patient laboring under a renewed, and more violent attack than at noon. The cathartic had not

operated. On my way, I had procured four leeches, but on my arrival I considered the patient to be in imminent danger of suffocation, from the rapid progress of the disease. I did not, therefore, deem it safe to wait the effect of leeching. I immediately administered grs. ii of the turpeth mineral, followed in fifteen minutes by gr. i, and at a further interval of fifteen minutes by an additional grain, in the whole, four grains. In from five to ten minutes from the administration of the first dose, the patient vomited violently, and threw up a large quantity of viscid mucus, exceedingly tough and adhesive. He vomited no more until the administration of the second dose, when, in addition to a quantity of mucus, he also threw up the contents of the stomach. He continued vomiting at intervals until four, A. M., at which time, he appeared to be in a great measure relieved. His bowels were moved at four, A. M., as I suppose by the action of the calomel given the evening previous. At eight o'clock in the morning, comfortable, slight cough and some hoarseness; ordered decoction of polygela senega.—Recovery rapid and complete.

Case 2nd.—I was called in great haste to see a child, four years old, at half-past nine in the evening, and was informed that the child was dying. On my arrival, I found the child in convulsions, and apparently asphyxiated. I learned that the child had exhibited symptoms of croup at nine o'clock the previous evening—had passed a restless night—that at five o'clock the previous afternoon, the attendants apprehended danger of the child's suffocating. As soon as the spasms attending the convulsion had so far subsided as to enable me to introduce a spoon into the child's mouth, I administered grs. ii of turpeth mineral; in fifteen minutes I gave another grain. In about five minutes from the administration of the first dose, the patient vomited violently, and threw off, as in the former case, a large quantity of tough viscid mucus; and at the second effort, the contents of the stomach, with more mucus. The patient was essentially relieved after the first act of vomiting, and of most of the urgent symptoms by twelve o'clock, P. M.; ordered proto chloride hyd. grs. iv, ipecac, gr. i to be repeated in four hours. At eight o'clock, A. M. cath. operated well—some cough, with slight hoarseness; ordered decoction polygela senega.—Recovery uninterrupted.

I used the turpeth mineral in two other cases with the like success. I concur with Dr. Hubbard in the opinion, that the medicine is a reliable, prompt, efficient, and safe emetic; and that it is free from the danger attendant upon the administration of large doses of antimony.

From the prompt manner in which it usually acts, I am inclined to the belief that its first effect is upon the mucus membrane of the fauces.

MEDICAL INTELLIGENCE, EDITORIAL, &c.

Our Exchange Journals.—In our seventh number we commenced an enumeration and brief account of the Medical Journals, respectively, which we receive in exchange. We had space in that number to mention one only, the *American Journal of Medical Sciences*. It was our intention to continue the subject in the succeeding number, but owing to the press of other matter of more immediate importance the next and each successive month, it has been deferred. We will not, however,

allow this volume to terminate without redeeming the promise implied in that unfinished design. We owe this much to our readers, deeming it, as we do, not the least of the duties of the Journalist to bear testimony to the valuable efforts of others in the same department of useful labor; and in view of the beneficial influences to be exerted by periodical literature, to endeavor to contribute to its better appreciation and support by the profession in all its instances: in so doing we discharge a pleasing duty not only to our contemporaries, but to ourselves, since we would hope to render some slight acknowledgement for the cordial and friendly encouragement with which a stranger, and unpracticed in editorial mysteries, we were welcomed as a member of the fraternity. We have already mentioned the *American Journal of Medical Sciences* published in Philadelphia, hitherto, if not still the Medical Paris of America. Several other Journals emanate from this city; of these we have received regularly the *Bulletin of Medical Sciences, Edited by John Bell, M. D., etc.* This is a monthly, of 35 pages. It is published in connection with the *Select Medical Library*, of which we shall take another occasion to speak. Taken singly it is afforded to subscribers at the low rate of \$1.00 per annum. The editor, Dr. Bell, has been long and favorably known to the profession as a journalist, an author of several useful works, an editor of various republished publications, and especially as a co-author with Dr. Stokes of Dublin, of a standard work on practical medicine. His journal is all that from his reputation as a medical writer and collator would be pre-supposed. The other Philadelphia Journals are the *Medical Examiner*, edited by Prof. Houston, and the *Journal of Pharmacy*, edited by Drs. Carson and Bridges. Of these we can only speak from their general estimation. We believe them to be creditable and useful periodicals; and we hope that when we can claim a more equal footing as regards dimensions, they will give us an opportunity to testify to their value from a more intimate acquaintance. There are two journals devoted to Dental Science in that city which should be included in the category of medical publications. One of these, the *Journal and Library of Dental Science*—we have never seen. It is, however, we believe, edited under the direction and patronage of the college of Dentistry recently organized. The other is entitled "*Stockton's Dental Intelligencer*," edited by Stockton, the famous manufacturer of artificial teeth. It is a monthly, of 24 pages, \$1 per annum.

With a wide geographical leap we pass from Philadelphia to New Orleans. Here we find a bi-monthly work of 140 pages, with typography not inferior to that of any other, having four editors, two of whom are connected with the Louisiana Medical School. It is entitled the *New Orleans Medical and Surgical Journal*, \$5.00 per annum. This is one of our ablest contemporaries. A large portion of its contents consists of original matter; and whoever is desirous to be informed of the peculiarities of disease, and medical practice in that locality, will do well to become a subscriber—he will also have the satisfaction of patronising a work of sterling merit, which will return more than an equivalent for the price of subscription, apart from the particular advantages alluded to.

At Augusta, Georgia, is published the *Southern Medical and Surgical Journal*, edited by Drs. Eve and Garvin, both professors in the medical college of Georgia. It contains 64 pages, monthly, at \$3.00 per annum.

The mechanical execution is excellent, and the literary and scientific character of the work in keeping. We have not been of late so familiar with this publication as we should have been glad to have been. The publisher has either forgotten us, or we must attribute to the uncertainty of the mail the disappointment of not receiving it with regularity.

The Southern Journal of Medicine and Pharmacy, edited by Drs. Smith and Sinkler; a bi-monthly of 120 pages, at \$4.00, has recently been established at Charleston, S. C. It has reached its second number only. It bids fair to become a valuable addition to the periodical medical literature of our country.

We return now Northward: and at Louisville, Ky., we have the *Western Journal of Medicine and Surgery*: The editors are Drs. Drake, Yandell and Colescott, the two former professors in the Louisville Medical Institute. This is a monthly of 90 pages, at \$5 per annum. This journal has been of many years' standing, and is a substantial, independent work, managed, as would be expected from the well known talents of its editors, with much ability. A considerable portion is devoted to reviews.

The Western Lancet is now published at Lexington, Ky: It was formerly published simultaneously at Cincinnati, Ohio, and at Lexington. The editor is Prof. Lawson of the Transylvania University, a rival institution to that at Louisville. It is a monthly of nearly 50 pages, at \$3 per annum. It is a spirited publication, and gives proof of that peculiar taste and judgment in its editor, which qualify for the editorial task.

Passing into an adjoining state, Missouri, St. Louis furnishes two medical periodicals, as also two medical schools. *The St. Louis Medical and Surg. Journal*, edited by Drs. Linton, McPheeters and Fourgeaud, (the two former connected with the St. Louis University,) is a monthly of 40 pages, at \$3. *The Missouri Med. and Surg. Journal*, edited by Drs. McDowell and Barbour, of the medical dept. of Kemper College, is likewise a monthly, containing 24 pages at \$2.00 per annum. It would be invidious to distinguish either of these as possessing merits superior to the other. Were we in a humor to criticise, we doubt if we could readily find fault with either. It deserves to be chronicled as an item of evidence against the reproach so often quoted as proverbially applicable to the medical fraternity—to wit—the disposition to contention and detraction—that the two rival journals just mentioned, in the same city, and conducted by members of rival schools, uniformly maintain toward each other a courteous bearing, unmarred by even honorable disputation. Doctors surely do not always disagree; a thousand facts might be adduced to prove the falsity of the old apothegm which conveys this slander.

From St. Louis we journey to Chicago. Here our friend and quondam colleague, Dr. Blaney, fills up the little leisure, which he can spare from his retorts and crucibles, in preparing a monthly periodical of 16 pp. at \$1., entitled the *Illinois Med. and Surg. Journal*. We perceive by the last No. which we have received, that he is about to enlarge its dimensions to 90 pp., and publish it bi-monthly at \$2. We heartily wish it the success it merits; it deserves distinguished success, and we doubt not will secure it.

A voyage of a thousand miles brings us to Buffalo, but here we cannot tarry; the iron horse whirls us onward a half-thousand miles, and we

quickly find ourselves in the American Athens. We hasten to pay our *devoirs* to our old friend—excuse the familiar expression; we cannot boast a personal acquaintance with the editor of the *Boston Medical and Surgical Journal*, and yet we have weekly chatted with him for more than a decade of years. The *Boston Journal* is a weekly, or monthly, just as its patrons elect. It is the only weekly medical periodical in the country. Always punctually prompt at the appointed time, always containing some racy, sententious editorials, with items of medical news precisely what the reader wishes to know—every practitioner who has \$3. per annum of his income to spare, inflicts upon himself great injustice, if he not enumerated among its numerous subscribers, who are distributed over every part of our country. The *Boston Journal* is one of the oldest in the Country. We do not know its precise age, but it has lasted two or three generations at least, and the decrepitude of declining years is not yet apparent.

Here, also, is a new candidate for professional and public favor,—viz.—*The Journal of Health*; W. M. Cornell, M. D. Editor; a monthly of 24pp. at \$1. per annum. It has reached its third number. Its objects are legitimate and worthy, and we trust they may be properly appreciated and sustained.

But hold—in our railway speed we passed by the mammoth Asylum for the insane at Utica; the institution so honorable to the intelligence and munificent philanthropy of the Empire State. Let us return.—But we cannot now describe this charity-palace, and the admirable arrangements by which its benevolent objects are so effectively secured. Dr. Brigham, the distinguished superintendent, to whom the excellence and usefulness of the institution are chiefly due, does not content himself with bounding his good deeds by the walls of his establishment, but through the *American Journal of Insanity*, is actively and efficiently engaged in promoting and diffusing knowledge in this not least, if not the highest branch of medical science. His *Journal* is published quarterly at \$1. per annum, 96pp. It is the first and only periodical organ of this specialty, either in this country or in Europe. It is what the merited reputation of the Editor would lead us to expect.

Imagine ourselves projected in a parabolic curve toward the north, and impinging upon one of the cities of her Britannic Majesty's Canadian Provinces. At Montreal, from the ashes of the *Montreal Gazette*, lately sprang the *British American Journal of Medical and Physical Science*. It is conducted by Drs. Hall and Macdonnell, both lecturers in the M'Gill College. It is a folio sheet, double columns, and is issued monthly, containing 27 pp. at \$3. per annum. This is a sterling work, characterised by solid and practical qualities, and a high scientific tone. We are gratified to observe an entire freedom from national prejudices in its relations with the neighbouring medical literature of our republic. This is in accordance with the truth that science and learning constitute a republic in themselves, which is independent of, and above all distinctions of caste, sect, or place.

We come now to terminate our rambles in the American Metropolis. New York has hitherto been unfortunate in her medical periodicals; those which have at successive periods been established, have been short lived: so that the ephemeral existence of any which should undertake to live

there, had almost passed to a proverb in the profession. The *New York Journal of Medicine and Collateral Sciences* was established some six since, by the late Dr. Forry; under his management it was rapidly growing into the confidence and favor of the medical public, when his labors were terminated by his untimely death. For the last two years it has been in the hands of Dr. C. A. Lee, well known as a highly accomplished medical scholar, practitioner and lecturer, and one of the most industrious and able medical writers of the day. Under the editorial management of Dr. Lee, this journal has not only maintained the high character it had previously acquired; but we may say, without any disrespect to the memory of its founder, that it has progressively advanced in excellence. Without invidiousness it may now be compared with any other American Journal. Its stability is secured, and we have only to hope that its editor will not allow himself to be diverted from his present intention to remain permanently connected with it. This is a bi-monthly of 144 pages, at \$3 per annum.

The Medical and Surgical Reporter, the only medical periodical in New-York city beside that just noticed, will complete our catalogue. This is a bi-weekly, containing 16 pages, for \$2 per ann. Its chief object is to communicate to the profession the clinical lectures of the teachers of the two medical schools, and reports of interesting cases occurring at the hospitals. The plan is a good one; and thus far has been very satisfactorily carried out. The work must be especially useful to those who witness the cases which are the subjects of the lectures reported, and indeed, is scarcely less so to those who are deprived of this privilege, affording an approximation to the advantages which they enjoy who can observe the sensible phenomena presented in connection with the important practical precepts enunciated and enforced.

We have thus enumerated and spoken of all the Medical Journals in North America, with which we are acquainted even by title. We have bestowed upon all our humble meed of praise. We confess that we had no disposition to subject all, or any of them to a searching criticism, assuming for the moment, that we have the ability if we were so disposed. But if we could not have said what we have with a clear conscience, we assure our readers that we should have left the whole matter untouched.

Treatment of Involuntary Seminal Emissions by Compression.—Every practitioner has doubtless met with repeated instances of this affection, in which all efforts to relieve have proved fruitless, and the patient is left a prey to the hypochondriacal apprehensions which almost invariably attend it. The practice of Cauterization, introduced by Lallemand, appears to be successful in some cases; yet, to our knowledge, it is by no means an infallible remedy. We attribute its apparent efficacy, in a great measure, to revulsion, and the moral effect of the operation. There is much room for doubt that the Pathology of the affection consists chiefly in an irritable condition of the urethra. The truth is, it is a disorder involving different pathological, or physiological conditions. It may proceed from mere exuberance of the seminal secretion, and from excessive activity of the venereal appetite. These may induce it separately, or combined, without involving, strictly speaking, any pathological condition. On the other

hand, it may proceed from a local irritability as a consequence of sexual excesses, or other abuses, a diseased state of the urethra, &c. With these views, it is not to be expected that any local remedies will prove effectual in all instances, and that in cases in which they are useful their operation is chiefly palliative, until other measures are successful, or the morbid habit is broken. We have been led to make these remarks from seeing in the New York Medical and Surgical Reporter a letter from Dr. Batchelder, of Utica, on the subject of compression on the perineum as a remedy for this complaint; in connection with which, the editor cites from Rankings' abstract on account of the same method practiced by M. Braschet of Paris. Dr. Batchelder states that he has been in the habit of using compression for more than twenty years. He regards it in the light of a palliative, keeping the complaint at bay until other means can be brought to bear against it. He does not describe his apparatus, but says that it closely resembles that of Braschet. The latter is described as follows: "The compressing bandage is formed of a leather belt, from behind which proceeds a thigh strap, at first single, and then bifurcated, to leave the genital organs free, and to be brought round and attached to the belt by two buckles with thongs. The thigh strap has a moveable pad in the middle, which is placed over the point to be compressed, and drawn as tightly as possible. This simple method differs essentially from the circular compression of the penis by rings, bands, or forceps—all of which are liable to serious accidents; the least of which is the repulsion of the semen towards the bladder, which occasions an illusory appearance of a cure, since, although the semen does not pass outward, it is not the less certainly evacuated; that is to say, expelled from its reservoirs."

This treatment is easily put into practice, and we imagine that some of our readers will be glad to make trial of it. It seems to us that the same apparatus would be applicable to emission of urine during sleep by children. If we mistake not, we have seen somewhere the same method advised for this troublesome difficulty.

Tertiary Syphilis. Female. Here we observe the existence of an ulcer upon either cheek, partially involving the ear. This woman confesses that she has had syphilis; if, however, she should stoutly deny that she had ever had the primary disease, I should unhesitatingly pronounce these ulcerations to be syphilitic. I should judge from the round shape of the ulcer, from its elevated edges, and from the peculiar glairy discharge. Also, from the rheumatic pain, of which she complains in the frontal region; this pain, she says, comes on after dinner, and is most severe in the afternoon. This is a valuable diagnostic mark. Syphilitic rheumatism may be distinguished from true rheumatism, by the fact, that the pain in acute rheumatism is most severe after the patient has retired, and is warmly covered up in bed; whereas, in the syphilitic form, it is more intense in the afternoon.

Treatment; in the tertiary form of syphilis, the iodide of potassium is the best remedy; it is good for nothing, however, in the primary and secondary forms of the disease. The formula which I use, is this: *R. Iodid. potass. ℥ iv., Ext. conii. gr. xvj., Aquæ, ℥ iv.—M.*

Dose, a table-spoonful twice a day; after a time it may be taken three times a day.—*Prof. Parker's Clinique. N. Y. Med. and Sur. Reporter.*

Citrate of Iron and Sulphate of Quinine in Chlorosis and other Anæmic States. By DR. MEIGS. (Lond. Med. Gaz., Sept., 1845.)—I have made most advantageous use of citrate of iron, conjoined with sulphate of quinia, as in the following formula, which I subjoin as a very convenient and successful one in the disorders dependent upon anæmia. Take of citrate of iron 2 drachms; sulphate of quinia $\frac{1}{2}$ drachm; water 1 fluid ounce. Mix, and direct from 20 to 30 drops for the dose, in syrup and water. Agreeably to M. Raciborski's method, I advise the patient to take the draught after each meal, within half an hour of the breakfast, dinner or supper, so that it may be carried with the chyme along the course of the bowels. The addition of the quinia to the ounce of water renders the citrate and the sulphate perfectly soluble, as does also the addition of a few drops of ammonia to a solution of the citrate alone; without some addition, a part of the citrate of iron is not dissolved.

Means of arresting Hemorrhage after excision of Tonsils.—It is well known that occasionally after the operation for excision of the tonsils, hemorrhage is troublesome and has even proved fatal. Prof. Hamilton stated at a recent meeting of the Buffalo Medical Association, that he had always found cold applications to the neck externally, immediately effectual in cases of this accident. He prefers, when circumstances will permit, snow enveloped in a neck cloth. Astringent gargles he thinks often do as much harm as good by disturbing the formation of coagula.

New Elements of Operative Surgery, by Alf. A. L. M. Velpeau, Prof. of Surgical Clinique, &c. Carefully revised, entirely remodelled, and augmented, with a treatise on minor Surgery; illustrated by over 300 engravings; accompanied with an atlas in quarto of twenty-two plates. First American from the last Paris edition. Translated by P. S. Townsend, M. D. &c. Augmented by several hundred pages of new matter, under the supervision of, and with notes and additions by Valentine Mott, M. D., etc.

The second volume of this truly great work has lately been issued from the press of J. and H. G. Langley, New-York. Another volume is yet to appear, and is announced for October next. When completed it will constitute the great Surgical work of the age, embracing, in addition to the established principles of modern Surgical Science, the individual experience of two of the most eminent of living operative Surgeons. The author, Velpeau, who by the force of his talents and indomitable perseverance, despite every obstacle, has elevated himself to his present position, is, confessedly, at the head of French Surgery. Of the reputation of the senior American Editor as an operative Surgeon, it is supererogatory to speak. In short the names attached to the work as author, translator, and editor, afford an abundant guaranty of its value. That a critical analysis will reveal imperfections is to be expected: but we may say of books as of individuals, what one is perfect! We do not profess to have given either of the volumes which have been issued sufficient examination to attempt to point out particular excellencies or defects. An analytical review of all the volumes may be expected in a future number of our journal, by a writer fully competent to the task. We cannot refrain from expressing our regret that the translator, in announ-

cing his motives for undertaking the work, should have allowed himself to be so far carried away by his enthusiastic veneration for the senior editor, as to indulge such excessive laudation of his genius and glory! It is to say the least a rank offense against good taste. Dr. Mott has obtained a reputation in operative surgery, of which the profession of this country have reason to feel proud, and which we presume, no one is disposed to depreciate. But that "no name that adorns the annals (of our country) either in the battle field, or in the councils of government, or in its diplomacy, has added more sterling reputation and abiding lustre to the intrinsic glory and future fame of America," (in our humble opinion) had better have been left, for the present, unsaid, more especially by one who takes occasion to call himself a kinsman. The apologetic statement that the eminent Professor has a "repugnance to self-laudation" is at variance with the impressions which those who listen to his instructions, bear away with them; and since the work passes under his supervision, we must, at all events, infer that he has no great repugnance to receiving laudation from others. These blemishes, however, have no reference to the practical value of the work, which we do not doubt is fully equal to what may reasonably be expected. The practitioner who wishes to keep pace with the progress of surgical knowledge, will of course purchase it. The price for the three volumes is \$10.00. The last vol. will be accompanied by a quarto atlas of plates.

J. and H. G. Langley, N. Y. are the Publishers.

Professor Paine's Defence of the Medical Profession of the United States.—This is the title of a valedictory address to the graduating class at the medical commencement of the University of New York. The subjects of the address are, in fact, the proposed national convention, and the projector of the movement, Dr. Davis, of Binghamton. Dr. D., it appears, as chairman of a committee appointed by the State Society on the subject of the convention, and in some remarks published in the New York Journal of Medicine, has animadverted on the existing state of the profession as regards education and acquirement, in rather strong terms. Prof. Paine chooses to consider this in the light of a calumnious assault on the character of the profession, and himself called upon valiantly to take up the gauntlet in its defence. This explains the title of the address.

On the whole, it is a very curious production. Considering the occasion, the selection of subjects denotes a singular taste; and the performance itself, for a professorial address, is unique. They who are somewhat acquainted with the previous publications of the writer, however, may not be so much surprised at its peculiarities, as if it were the first specimen of the literary taste and abilities of the writer, with which the public has been favored.

It seems that the chairman of the committee appointed by our State Medical Society to correspond on the subject of the convention, in his official letter to the University of New York, committed two or three errors of orthography. At least, so it is made to appear by a printed copy of the letter, with certain errors italicised. Whether they were from carelessness, or whether the Professor himself committed the blunders in deciphering the manuscript, or whether, having a multitude of letters to write, Dr. D. employed an amanuensis, or, lastly, whether it be really true

that the projector of the convention be but an indifferent speller, we will not take it upon ourselves to decide. We leave it for Dr. Davis to substantiate his claims to the character of a good orthographer. But for a venerable professor in a metropolitan school, to descend to such puerilities in a public discourse, on such an occasion, is more than undignified—it is pitiful and contemptible in the extreme.

Prof. P. absolves his colleagues from all knowledge of the topics which he selected, and all responsibility in his peculiar views. They have reason to be obliged to him for this acknowledgement. It does not appear that the address was solicited for publication, but it seems to have been printed solely upon the author's own instance. If we have been correctly informed as to its reception by the auditory before which it was delivered, its publication may be considered to be an appeal from the judgment of those who listened to its delivery to the decision of its readers.

We have alluded but to a single point of the address. It is abundantly open to criticism in other, and, indeed, in all points; but we do not think that our readers will be edified by an extended analysis.

We have some personal interest in the *argumentum ad hominem* which we have noticed. We have ourselves had the hardihood to give utterance to an opinion that the existing condition of our profession is far from being all that is to be desired. The last deduction, however, which we could have suspected would have been considered logical or appropriate by any person is, that by the expression of such an opinion one is to be considered as assuming aught on the score of his own attainments. We cannot think it necessary to argue in deprecation of this method of reasoning, as we cannot but believe that it belongs to the peculiar dialectics of the Professor of the institutes in the university of the city of New-York.

Reports of Lunatic Asylums.—We have been favored with a copy of the third annual report of the State Lunatic Asylum of Utica, and, also, the twenty-fifth annual report of the Bloomingdale Asylum, for which the medical superintendents of these institutions will please accept our thanks. We had prepared an article of some length suggested by their perusal, which the compositor declares must be omitted. We can only say that their reports afford gratifying evidence that the State of New-York is not backward in her efforts in behalf of this department of public philanthropy, and that there is abundant cause for congratulation that the managers have been able to secure the services of medical officers so eminently qualified to carry out the benevolent designs of the institutions under their charge.

Reports of the Committee on Medical Societies and Colleges of the Senate of New-York, on Lunatic Asylums, and the education of idiots.—Two reports by Dr. Backus, chairman of the above committee in the Senate, on the subjects mentioned, have been forwarded to us. We had prepared a synopsis of their contents, with such observations as were suggested, intended for this number. We must, however, do with it what we trust will not be done with the documents referred to—it *must lie upon the table*. The reports are creditable to the heart and head of the author. We hope the recommendations of the committee will be adopted. In no other department of legislative action can the Empire State exemplify its

motto—*Excelsior*—so emphatically as in rendering its charitable institutions more and more extensive and perfect. Better far to err in doing too much than too little for such objects!

Report of Committee on Medical Societies and Medical Colleges, on petitions for a Homœopathic College.—We have here another report from Dr. Backus, and his colleagues of the committee, which, if our journal had a larger proportion of non-medical readers, than it has, we should publish entire. The committee deem it proper to state what Homœopathy is—i. e. what are its peculiar tenets. They seem to think that this only is necessary for the community to form an opinion as to its merits. There is no doubt that a large portion of those even who favor the system, do not really know the length and breadth of its absurdity; and it would therefore be well for the public if the above short report were to be pretty extensively diffused by the newspaper press. The committee, each member of which (if we mistake not) is a medical man, respond most heartily to the desire for a Homœopathic college, and reported a bill accordingly!

The Anatomical Remembrancer, or complete Pocket Anatomist, &c., from the second London edition revised: Published by Samuel S. & William Wood, New York.

This is a duodecimo of 245 pages, and contains a concise description of the bones, ligaments, muscles, viscera; distribution of nerves, blood-vessels and absorbents; arrangement of the several fasciæ; organs of generation, male and female, and the organs of the senses. The usefulness of such a volume to the medical student, especially during dissections, to the practical surgeon at all times, and, scarcely less so to the physician, is too obvious to require amplification. Anatomy lies at the foundation of medical and surgical science, and the practitioner of some years standing, cannot but have learned, by experience, the necessity of frequently refreshing his memory with anatomical details, if he would have them ready at his command when it is important to recal them for practical application. The "Remembrancer" is adapted to this object, and every medical man, as well as pupil, would do well to have it on his table.

Ranking's Abstract.—The second part of the first volume of this work has lately been issued from the press of J. & H. G. Langley, Broadway, New York. This is a half-yearly publication, essentially on the same plan as Braithwaite's Retrospect, with which the profession are more familiar. It is intended to present a "practical and analytical digest of the contents of the principal British and Continental medical works published in the preceding six months;" and in addition to this, it embraces critical and elaborate reports on the progress of Midwifery, &c., Anatomy and Physiology, Chemistry, Forensic Medicine, and Materia Medica, by different writers, each eminent in his particular department. A copious Bibliographical Record is also appended. The work may be considered one of the cheapest of cheap publications in these days of cheap literature. The subscription price is \$1.00 per annum. In advising our readers to buy it, we can conscientiously assure them that they will have *the worth of their money.*

Copland's Medical Dictionary.—This comprehensive work has reached the eleventh number. We have already expressed our views of its value, embracing as it does, a library of practical medicine in itself. The additions of the able American Editor are copious, and enhance greatly the usefulness of the work for the American practitioner. On the subject of fever, especially, our attention has been drawn to the extensive contributions of Dr. Lee, who has presented an admirable epitome of the present position of this subject as regards facts and doctrines. We are gratified to see that he has been induced, by request, to transfer his notes to the columns of the New-York Journal of Medicine, thereby affording an opportunity for their perusal by many who will neglect to purchase the Dictionary.

Brauhwaite's Retrospect.—The 12th number of this useful practical compendium of periodical literature comes to us punctually from the press of Daniel Adey, Esq., of New York city. We have seen somewhere a comparison of this with the work last mentioned, which gives to the latter the preference as regards the *reports*; but attributes to the former the best selections. We need not express our opinion on this point, as each is so valuable and cheap that every practitioner should, by purchasing both, be able to compare and decide for himself. The extensive circulation which this work has had for the last six years, is sufficient proof of the estimation in which it is held by the profession.

Vaccination after exposure to Small-pox. By Samuel Salisbury, Jr. M. D. From the Boston Medical and Surgical Journal.—Mrs. S——, a married woman, 36 years of age, unprotected by vaccination, left home to visit a friend who resided in the city of Rochester, eighteen miles distant. She found her friend confined to her bed, and affected by natural small-pox. After sitting by her bed-side about half an hour, she crossed the street to a physician's office, was vaccinated, and returned home. The progress of the vaccine disease was regular, the vesicle forming perfectly, and attended with considerable constitutional fever on the eighth and ninth days. Virus was taken from the vesicle on the eighth day, and inserted in the arms of seven persons, five of whom were children, by a physician who was ignorant of the exposure of this woman to the contagion of small-pox. On the eighteenth day after her visit to Rochester, I was called, and found her in the eruptive period of small-pox, symptoms of which she told me had manifested themselves four days before. The disease was of great severity, its violence being in no degree mitigated by the prophylactic power of the recent vaccine disease. Of the children vaccinated from her arm, three had the cow-pock succeeded by modified or mild small-pox, but partial desquamation having taken place when I visited them on the twenty-first day from the vaccination. In the other two, the vaccine vesicle was fully perfected, and not succeeded by any symptoms of small-pox. The two adults, who were vaccinated with virus taken from the woman's arm, left the place, and I learned nothing further of them, than the fact that they both escaped the small-pox. Neither of the five had been vaccinated previously, and circumstances did not favor of a direct communication of the disease from the woman to them.

The foregoing case leads us to the following conclusions.

I. Vaccination on the day of exposure to the contagion of small-pox is not always a protection. Might it not have proved a protection, had it been deferred for four or five days, so that the manifestation of the constitutional symptoms of both diseases would have been synchronous?

II. It is unsafe to make use of vaccine virus taken from persons who are in a location where small-pox exists; whether the small-pox in these children be viewed as caused by the vaccination, communicated through the medium of the physician, or as arising from an epidemic influence.

* * * * *

A consideration of the general principles which are supposed to govern the operation of morbid poisons, and exanthematous diseases, as well as known facts, impress us with a sense of the importance of revaccination with virus which has been renewed by reproduction from its original source, the cow:

I. As a test of individual idiocracy;

II. In order to determine the perfection of the virus previously introduced;

III. Lest all the symptoms of the cow-pock, both constitutional and local, were not produced by the previous vaccination.

Avon, N. Y., March 3d, 1846.

In connection with the foregoing, the following cases of vaccination after exposure to small-pox, from our own experience, may perhaps possess interest for some of our readers.

A patient was removed, after the eruption had fully appeared, from a room in which there was an infant, some four or six months old, which had never been vaccinated. The following day it was vaccinated. Three days afterward it was ascertained that the vaccination would prove unsuccessful, and it was revaccinated, which was successful at the usual time, and the child escaped the small-pox. This infant had been in the habit of lying on the same bed with the patient, receiving caresses, &c., up to the time when the patient was removed from the house to the small-pox hospital.

The second case is as follows: a young man with Rubeola was removed from the jail to the small-pox hospital, and occupied a room contiguous to that in which a patient was lying ill with the small-pox, constant communication existing between the two rooms. He was supposed to have the small-pox when he was removed. The day after his admission he was vaccinated. The vaccination was unusually long in producing its effects, so that there was reason to fear it would prove unsuccessful. At length, however, specific pustules were produced, and the patient escaped the small-pox. This patient had never before been vaccinated.

These cases illustrate the efficacy of vaccination as a protective after full exposure to the contagion of small-pox.

New Test for Bile and Sugar.—This test is based upon the deep violet tint afforded by the addition of sulphuric acid and sugar to the bile even when perfectly colorless. It is upon the choleic acid (which forms the essential part of the bile) that this reaction takes place. A little of the liquid suspected to contain the bile is poured into a test tube, and two-thirds of sulphuric acid added by drops, so as not to allow the temperature to exceed 144° Fahr., or a higher temperature than would decompose the *choleic acid*; then add from two to five drops of a solution of one part of

sugar to four-fifths of water, and shake the mixture: if bile be present, the violet red colour will appear in a shorter or longer space of time according to the quantity present. The precautions necessary to succeed are, not to allow the temperature to exceed 144° ; not to add too much sugar; the sulphuric acid must be free from sulphurous acid. If albumen be present in the suspected liquor, it is best to coagulate it previous to testing, with a little alcohol or heat. If the bile be in a small quantity, it should be concentrated in a water bath, extracted with alcohol, and this test evaporated to a *small* bulk, and the test applied to the solution when cold; this is particularly to be attended to, when the urine and other secretions are the subjects of experiment. By means of this test bile was detected in the urine of a patient with pneumonia. The *scæces* of a healthy man, when extracted with spirits, and tested, did not show any indications of bile, whereas in adding a little bile previously to the *scæces*, the test did not fail to indicate it. This test reversed may be used for the detection of sugar, that is to say, a mixture of bile and sulphuric acid is first made, and the suspected liquid added; if sugar be present, the violet red color will appear. This is a ready way for testing diabetic urine.

To test the blood for bile, the albumen is first separated by boiling with alcohol, and the concentrated solution tested as already mentioned.

Dr. M. Pettenkoffer—(Ann. der Chem. and Pharm.)—*From American Journal of Science and Arts.*

Lectureship on Phrenology.—The Andersonian University of Glasgow, Scotland, had by an unanimous vote established a lectureship on phrenology in that institution. Dr. Wm. Weir has been appointed to the chair. Dr. Weir has been a successful lecturer in the medical school of that city, and is one of the physicians to the Glasgow Royal Infirmary.

New Medical School.—Arrangements have been made for the organization of a medical school at Memphis, Tennessee. The following appointments have been made: J. Bybee, M. D., Anatomy; D. I. M. Doyle, M. D., Surgery; A. Hopton, M. D., Chemistry; G. R. Grant, M. D., Practice of Medicine. The chairs of institutes and juris-prudence,—*materia-medica*,—and obstetrics remain to be filled. The Trustees invite applications until July next. Communications to be addressed to R. H. Patillo, secretary of the board.

Physicians in London.—It appears from Mr. Mitchell's Medical Dictionary that there are in London 2,157 of the medical profession. Of these, 330 are physicians, 245 surgeons, and 1,582 general practitioners.

Acetate of Iron, an antidote to Arsenical preparations.—It appears from experiment that the hydrated per-oxide of iron possesses no efficacy as an antidote, when arseniate of potash (Fowler's solution) has been employed; it only acting when the uncombined acids have been used. The author recommends as a substitute in this case, the per-acetate of iron prepared in the ordinary way—(there should be an excess of the per-oxide). This preparation is administered largely diluted with water, it being thus much more efficacious.

M. Duplas, Phil. Mag. *From American Jour. of Science and Arts.*

Fragments of medical Science and Art. An address by Henry J. Bigelow, M. D. Boston, Mass.—This is the production of a mind above the common order. It evinces learning, philosophical meditation, and vigorous thought, as well as cultivated habits of composition. The views of the writer especially on the position of Hypotheses in philosophical investigations, are, in our opinion, just, and practically important. We have marked some passages for quotation hereafter.

Baltimore College of Dental Surgery.—This institution appears to be in a highly flourishing condition. At its recent commencement diplomas were conferred upon nine graduates. Prof. C. A. Harris delivered a valedictory address on the occasion which was happily responded to by one of the graduates. We are indebted to Prof. C. for a copy of his address, which has been published. It is replete with worthy sentiments and wholesome counsel.

Ellis's Medical Formulary. Correction.—The Publishers of this Work respectfully request those persons who have the seventh edition, to correct a typographical error for the "MEDICATED HYDROCYANATE OF POTASSIUM," at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the Work :

R. Potassii hydrocyanici medicata, 3j.

Aquæ destillatæ, Oj.

Sacchari purificati, ʒiiss.

Fiat solutio.—Dose, a table-spoonful, night and morning.

Those of our readers who have the Work above referred to, will perceive at once the importance of making the correction specified.

To our Readers and Correspondents.—This is the last number of our first volume. It is befitting that we return our thanks to our readers and patrons who have thus far encouraged and sustained our undertaking. It is still more becoming that we tender our acknowledgements to our friends who have furnished contributions for the work, since we are well aware it is to them that the credit is chiefly due for whatever interest and value the journal may have possessed. To both readers and correspondents, then, we beg leave to express our grateful sense of their favors. Thanks to the good offices of both, we do not feel called upon at this time to make a valedictory. The expiration of our first volume is not the occasion of a final leave-taking, but, on the other hand, as our readers and correspondents are aware, it precedes the commencement of larger enterprise. We trust it is not indecorous to express the hope that they who have accompanied and assisted us thus far, will continue their companionship and co-operation. Our correspondents have pledged their continued efforts: will our readers one and all, do so likewise; not only remaining themselves patrons, but endeavoring to increase the list by their recommendations and influence among their friends? We should assuredly not make this request if our undertaking were a scheme for personal profit. There would, of course, be no impropriety in the fact if it were so. Editorial labors are certainly not less worthy of pecuniary compensation than any other. As it is, however, we deem it due to ourselves to say, that we expect to make a greater pecuniary sacrifice than we ask from our subscribers, assuming that we shall not render an equivalent for what they pay, and in addition to this it will readily be conceived that the amount of labor which we impose on ourselves is not small. We shall, however, welcome the increased duties which are in reserve for us with cheerfulness, if we can have the satisfaction to know that we succeed in performing them acceptably, and that we are sustained in our efforts to make the journal more valuable and useful. We take this occasion to repeat, that whatever surplus of pecuniary avails there may be over the expenses of publication will be devoted to an increase in the size of the journal, or to its improvement in some other mode. We hope our readers will recollect this when they deliberate upon the propriety of continuing the work with its increased subscription price; and, consider that the amount is insignificant when compared with the editorial labors which are gratuitously rendered.

Erratum.—For "polygela Senega" page 271, read polygala Senega.

THE DISSECTOR.

Vol. II.]

NEW-YORK, JANUARY, 1848.

[No. I.]

FALLACIES OF THE FAULTY.

*Lectures delivered at the Egyptian Hall, Piccadilly.
London, 1840.*

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BY S. DIXON, M. D.
—

LECTURE IV.

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Inflammation—Blood Letting—Abstinence.

GENTLEMEN:

When medical men hear that I am in the habit of treating all kinds of disease *without* Blood-letting, they generally open their eyes with a stare, and ask me what I do in **INFLAMMATION**. Inflammation!—who ever saw any part of the body *on fire*, or in **FLAMES**? for the word, if it means any thing at all, must have something like that signification. To be sure, we have all heard of “spontaneous combustion,” but I confess I never saw it, and what is more, nobody that ever did! What, then, is this inflammation—this term which our great modern doctors so dogmatically assure us is the head and front of every corporeal disorder? It is a metaphor merely—a theoretical expression, which, torture it how you please, can only mean a quicker motion and a higher temperature in the moving atoms of a given structure, than are compatible with the healthy organization of that structure. When you find a considerable degree of heat and swelling, with pain and redness in any part, that part in medical language is *inflamed*. Now, what are these phenomena but the signs of approaching structural *decomposition*? During the slightest corporeal changes, the coincident variation of *temperature* is not always very sensibly perceptible; but whenever there is the least tendency to decomposition, this thermal change is sure to be one of the most prominent features. The phenomena of inflammation, then, very closely resemble, if they be not indeed identical with, the chemical phenomena which take place preceding and during the decomposition of inorganic substances. Now, when this kind of action proceeds unchecked, the result in most cases, is a tumour containing *purulent matter*, which matter, being a new *fluid* product, differs entirely in its appearance and consistence from the original tissue, in which it chanced

to become developed. This tumour we call *abscess*. And how is it to be cured? In most instances, the matter, after working its way to the surface, escapes by an ulcerated opening of the integument, while in others, an artificial opening must first be made by the knife of the surgeon. In either case, the part in which the abscess was situated, generally recovers its healthy state by the reparative powers of nature. But there is yet another mode in which a cure may be effected, namely, by *Absorption*; that is to say, the matter of the abscess may be again taken up into the system, and by the inscrutable chemistry of life, become once more a part and parcel of the *healthy* fabric of the body!—being thus again reduced to the elements out of which it was originally formed. How analogous all this to the operations of the chemist, who, by means of the galvanic wire, having first reduced *water* into its elemental gases, again converts these, by electrical means, into the water from whose decomposition they proceeded! Such, and many more chemical operations, Nature daily performs in the animal body; and that she does all this through the electric or galvanic medium of the **BRAIN** and **NERVES**, cannot possibly admit of dispute, when you come to consider that under the influence of a *Passion* (the most unquestionable of *cerebral actions*) large abscesses, and even solid tumours, have often disappeared in a single night. Gentlemen, there is not a passion,—Grief, Rage, Terror, or Joy,—which has not as effectually cured abscesses and other tumours, as the most powerful agents in the *materia medica*. The writings of the older authors abound in instances of this kind. But there are yet other terminations to the inflammatory process. For example, after having proceeded, to a certain extent, in the way of change, but still falling short of actual purulent decomposition, the atoms of the inflamed part, by the renewal of a healthy condition of the body generally, or by the direct application of cold or other agency, may again, with more or less quickness, subside into the degree of motion and temperature characteristic of their natural revolutions. This termination is called *Resolution*. When the inflammatory action is more than usually

rapid, the result may be the complete death of the part implicated,—a black inorganic mass being left in the place of the tissue which it originally composed. This last we term *Mortification* or *Gangrene*.

But, Gentlemen, medical men extend the term inflammation to some other morbid processes, which, under the various names of Gout, Rheumatism, and Erysipelas, we shall in another lecture, have the honour to explain to you. A great many books have been written upon the subject of Inflammation, but I must own I never found myself one whit the wiser after reading any of them. Their writers, in almost every instance, use language which they do not themselves seem to have understood, otherwise they would have confined themselves to one sense, instead of including under the same term, states the most opposite. Were I to tell you that the word "Inflammation" is used by many writers when a part is more than usually cold, you would think I was laughing at you; yet there is nothing more true, and I will give you an instance.—A carpenter had his thumb severely bitten by a rattlesnake; and the effects of the venom are thus described by one of the most learned of living medical writers, Mr. Samuel Cooper:—"The consequence was, that in ten or twelve hours, the whole limb, axilla, and shoulder became very cold and enormously swollen up to the neck; in fact, the whole surface of the body was much below the natural temperature. The swelling, you know, is produced by that kind of INFLAMMATION which is called diffuse inflammation of the cellular tissue."—[MR. S. COOPER'S LECTURE IN MED. GAZETTE.] Gentlemen, was there ever such an abuse of words—such an abandonment of common sense as this? The arm was "very cold"—"much below the natural temperature,"—yet it was *inflamed*—on fire!

Restricted to the sense in which I have already spoken of the term, namely, heat, swelling, and pain, "inflammation," like "fever," or any other abstract word, may be used as a "counter to reckon by," and, like almost every other phenomenon of disease, it is a development of previous constitutional disturbance. I do not speak of immediate local inflammation produced by a chemical or mechanical injury—leaving that to the surgeons to elucidate or mystify, according to their particular inclinations; I talk of inflammation from a general or constitutional cause. Has an individual, for example, exposed himself to a cold draught, or to any other widely injurious influence, he shivers, *fevers*, and complains of pain, throbbing, and heat in the head, chest, or abdomen, phenomena gradually developed according to the

patient's predisposition to organic change in this or that locality. Phrenitis, Pneumonia, Peritonitis, (technical terms for inflammation of the Brain, Lungs, and Membranous covering of the Bowels,) are consequences or features, not causes of the constitutional disorder. But are the symptoms of inflammation in such parts equally intermittent with the diseases of which we have already treated? Listen to Lallemand:—"In inflammation of the brain," he tells you, "you have spasmodic symptoms, slow and progressive paralysis the course of the disorder being *intermittent*." So that inflammation, like almost every other morbid action, is for the most part a feature or development of intermittent fever. Dr. Conolly, in his Cyclopædia of Medicine, says "diurnal remissions are distinguished in every attack of inflammation." Now, if you prefer the evidence of another man's eyes to your own, this statement ought to be more than convincing, for it comes from the enemy's camp. Gentlemen, it is the language of an opponent, the Editor of the British and Foreign Medical Review—the same individual who lately told his readers that the *Unity of Disease* was a silly book. If it was so silly as he says, why was he so silly as to abuse it? But against his authority,—if authority, in these days, be still permitted to take the place of examination—you have the opinion of Sir Astley Cooper, who, with his usual candour and good feeling, at once pronounced it to be a "valuable work." Now, who in his senses would think of comparing these two men together,—Astley Cooper, the father of English surgery, and John Conolly, the *Mad-doctor*?—"Hyperion to a satyr!" But, Gentlemen, you have no idea what tricks these medical Reviewers are in the habit of playing. Some time ago I showed up one of them in a way he will not soon forget. Dr. James Johnson, were he here, would know the person I mean; for *he*, Gentlemen, as I have already told you, reviewed my "Fallacy of the Art of Physic as taught in the Schools, in the Medico-Chirurgical Review." A most unlucky business it turned out for him, for were I to tell you how I replied to his criticism, you never could again hear his name mentioned without laughing. Why has he not, in revenge, "cut up" the *Unity of Disease*? The editor of the Medical Gazette, not long ago, pretended to Review that work. He did not, however, like Dr. Conolly, call it a silly book;—he admitted, on the contrary, that it had "both pith and point" but he contended that it was only a straw thrown up at a lucky moment when the wind of medical opinion was turning against the "bleeding mania,"—a mania which he said he also reprobated. I wrote to him to ask,

if that were really the case, why he Mr. Editor had never reprobated that mad practice before, and knowing it to be so murderous in its effects, as he said he did, how in common humanity he allowed my strictures upon it to remain so long unnoticed in his pages; while all the years that these strictures had been before him, he had not only continued to fill his journal with cases treated after the sanguinary fashion, but had even held them up to the world as *models* of practice! True, in one or two instances, where the person he quoted was his enemy, he had certainly hinted that the treatment was bad. But these were very sorry exceptions. So far from my book being a straw which showed which way the wind blew, I was the first, (I maintained) who had the courage, alone, and in the face of much opposition, to set that *wind* a-blowing; and I added, that before I died I hoped to raise such a *stormy* one as would purify the medical atmosphere of some of its present corruption and foulness! But of that letter my good friend the Editor took no notice whatever; nor was I surprised at it, for the Medical Gazette, as some of you may know, is a mere organ and supporter of the College of Physicians; and so much the slaves of that body are the booksellers who publish it, that when about two years before, I sent them the MSS. of this very Unity of Disease, they actually refused to bring it out for me on any terms!—the editor of the Gazette can best tell at whose instigation,—for he is, or was then at least, the examiner of all their medical manuscripts, and therefore perfectly acquainted with that particular secret. Like a good servant, doubtless, he had too much regard for his employers to permit them to usher into the world such a terrible exposure of their professional patrons. Before quitting this matter, I may mention, that I am frequently asked why my writings have never been taken up by the *Lancet*, the *Lancet* which talks so constantly and so grandiloquently of its reforming and liberal politics! I can suggest a reason;—that periodical is now the organ of the Apothecaries. Mr. Wakley, its proprietor, was, in early life, a medical reformer, and much good he certainly at one time did in that character. Now—but I shall say nothing more of him on this occasion except *Cave canem*!

To return to inflammation. Whether the particular condition, so called, be termed erysipeloid, gouty, rheumatic, scrofulous, it is still *remittent*; and if you question the patient, he will almost in every case admit that it was preceded or accompanied by cold or hot fire or both. May not inflammation, then, yield to Bark—to Quinine? The late Dr. Wallace of Dublin maintained the affirm-

ative, dwelling more particularly on its good effects in that disorganizing inflammation of the eye, termed *Iritis*, in which disease he preferred it to all the routine measures, which, *on the strength of a theory*, medical men have from time to time recommended as *antiphlogistic*. During an attack of Ague, he tells us, *Iritis* with inflammatory affection of other parts of the eye, occurred in the person of a patient under his care. "For the former complaint, namely, the intermittent fever, he administered Bark; by the exhibition of which, he was surprised at seeing the *inflammatory affection of the Eye*, as well as the fever, *disappear*." This was the case which first led him to suspect the fallacy of the blood-letting system in inflammation of the Eye. Now I shall tell you what first led me to entertain similar doubts of its efficacy. A medical officer of one of Her Majesty's regiments serving in India, couched a woman for cataract. The next day, the eye having become inflamed, according to received practice he bled the patient; but scarcely had he bound up her arm, when she fell as if she had been shot, and lay to all appearance dead. With the greatest difficulty, he succeeded in recovering her from this state; but it was not until four long hours had passed, that he felt that he could safely leave her with ordinary attendants; for during the greater part of that time, when he ceased to chafe her temples or otherwise call up the attention of the brain by the application of stimulants to the nose, mouth, &c., she relapsed into a death-like swoon. More than once he was even obliged to inflate her lungs to keep her from dying. But, in this case, gentlemen, the blood-letting did *not* cure the inflammation; for the next day the eye was more painful and inflamed than ever, and the poor woman, after all the blood she had lost—and who will say that she was not bled enough?—did not recover her sight. It is now many years since that case came under my observation, and it made an impression on my mind I shall never forget. Had that woman died, would not everybody have said that the gentleman who had bled her had killed her? and very justly too, though he, good man, only conscientiously put in practice what he had been taught to consider his duty. You see, then, that blood-letting *even to the point of death*, is no cure for inflammation; and that it cannot *prevent* its development, I shall furnish you with ample evidence before I finish this lecture. Meantime, I will tell you what can do both—Bark and Opium. These are the remedies to give before an operation, and they are also the remedies best adapted for the relief of inflammation after it has come on,—and there

beneficial influence will be more generally certain in the latter case, if you first premise an emetic, and wait till its action has ceased before you administer them.

"The Peruvian Bark," says Heberden, "has been more objected to, than any of these medicines (Bitters) in cases of considerable inflammation, or where a free expectoration is of importance; for it is *supposed* to have, beyond any other stomach-medicine, such a strong bracing quality, as to *tighten the fibres* (!) still more, which were already too much upon the stretch in inflammation, and its astringency has been judged to be the likely means of checking or putting a stop to expectoration." *All this appeared much more plausible when taught in the schools of PHYSIC, than probable, when I attended to fact and experience.* The unquestionable safety and *acknowledged use* of the Bark, in the *worst stage* of inflammation, when it is tending to a MORTIFICATION, affords a sufficient answer to the first of these objections; and I have several times seen it given plentifully in the confluent small pox, without lessening in any degree the expectoration."

Some time ago, I was called to see a young gentleman, who had a swelling under the arm-pit, extending to the side. The skin was red and hot, and the tumour so painful as to have deprived him of all rest for the three previous nights. Though suppuration appeared to me to have commenced, I at once ordered Quinine, and begged him to poultice the tumour. By these means he was perfectly cured in three days, the swelling having, in that period, completely disappeared. The subject of this case was, in the first instance, attacked with shivering and fever, which had repeatedly recurred, but disappeared under the use of the quinine. Matter, I have no doubt, was absorbed in this instance, but so far from this absorption producing shiverings,—which, according to the doctrine of the schools, it ought to have done,—the very reverse took place.

I shall now give you one of many instances of indubitable and palpable inflammation—if the word have a meaning at all—as a proof of the value of Opium in the treatment of this affection.

Case.—An old officer, Major F., 89th foot who had previously lost one eye by acute Ophthalmia, notwithstanding a vigorous *antiplogistic* discipline, had the other attacked in a similar manner with great pain, redness, and throbbing. I found him leaning his head over a chair-back, his face indicative of intense agony. For ten nights, he assured me, he had been unable to tolerate any other position, and it was only towards morning, when overcome by suffering, that he could,

at last, obtain any thing like repose. The pain came on at bed-time in an aggravated degree, and remitted principally in the afternoon. Three grains of opium which I directed him to take half an hour *before* the recurrence of the expected paroxysm, procured him a whole night of profound sleep, and his eye, in the morning, to his astonishment, was free from pain, and only slightly vascular. He had been repeatedly bled, leeches, purged, and blistered, without even temporary benefit—indeed, the gentleman who attended him, in the first place, plumed himself upon the activity of his treatment.

But how, you may ask me, can PLEURISY and PNEUMONIA be cured without Blood-letting? What are Pleurisy and Pneumonia? Any rapid tendency to *atomic* change in the substance of the lungs, from the real pain and presumed increase of temperature at the same time developed, is termed Pneumonia—*vulgo* inflammation of the lungs. A similar tendency to change in the *atomic* relations of the membrane (*pleura*) which covers the outer surface of the lungs, or of that portion of it which is continued over the inner surface of the chest, is called the Pleurisy. Now, authors have thought it a fine thing to be able to tell pleurisy from pneumonia, but the thing is impossible; and what is more, if it were possible, so far as the treatment is concerned, it would not be worth the time you spend in doing it. Such distinctions only lead to interminable disputes, without in the least tending to improvement in practice. This much, however, I do know,—both diseases are developments of intermittent fever, and both may often co-exist at one and the same time. And in the Medical Gazette there is an excellent case of the kind, which, as it in a great measure illustrates the chronological doctrine and treatment in both, I shall give to you in the words of its narrator. "The patient's symptoms were difficult respiration, dry cough with stringy expectoration pulse full. The disease commenced with an intense *fit of shivering*, followed by *heat* and a severe cough. Every day at noon there was an *exacerbation* of all the symptoms, commencing with very great shivering, cough, and *intolerable pain in the chest*, a fit of *suffocation*, and finally *perspiration*;—at the end of an hour the paroxysm terminated. Ammoniacal mixture was first given, then two grains of Quinine every two hours. The very next day the fit was scarcely perceptible; the day after, there was no fit at all. An observation worthy of remark is, that the symptoms of PLEURO-PNEUMONIA,—which continued throughout in a very slight degree, it is true, in the intervals of the paroxysms—disappeared completely, and in a very short

time, by the effect of the sulphate of quinine."

Who are the persons most subjected to inflammatory disease of the chest? Medical theorists answer, "strong healthy labourers, and people much exposed to the air." How these gentlemen deceive themselves! If I know any thing at all upon any subject, I know that the fact in this case is just the reverse. The subjects of chest-disease in my experience have been almost all persons of a delicate habit, many of them confined to badly ventilated rooms, and the greater number broken down by starvation, blood-letting, or previous disease. Some of you may have heard of M. Louis, of Paris, a physician, who for many years has made chest-disease his study. Speaking of his consumptive patients, who became the subjects of *inflammatory* disease, he has this observation: "As we have already remarked in speaking of *Pneumonia*, the invasion of *Pleurisy* coincides in a large proportion of our patients with the *period of extreme weakness and emaciation*."—Dr. Cowan's translation of Louis.

Now, what is the usual treatment of *Pleurisy* and *Pneumonia*? Does it not almost entirely consist in blood-letting, starving and purging—with blisters and mercury sometimes? But what are the results?—relapse or repetition of the paroxysm from time to time,—long illness,—weakness ever after, and death too often. Even in these cases of extreme emaciation, M. Louis applies leeches! Contrast the case I have just given you from the Medical Gazette, with the case and treatment of an individual, whose omnipotent power of setting a theatre in a roar may be still fresh in the recollection of many of you—the celebrated Joe Grimaldi. The very name excites your smile!—but upon the occasion to which I refer, the poor clown, instead of being in a vein to move your laughter, very much wanted your sympathy. "Monday, the 9th of October," says Mr. Charles Dickens, "was the day fixed for his benefit, but on the preceding Saturday, he was suddenly seized with severe illness, originating in a most distressing impediment in his breathing. Medical assistance was immediately called in, and he was bled until night fainting. This slightly relieved him, but shortly after he had a relapse, [return of the paroxysm?] and four weeks passed before he recovered sufficiently to leave the house. There is no doubt, (continues Mr. Dickens) but that some radical change had occurred in his constitution, for previously he had never been visited with a single day's illness, while after its recurrence, he never had a single day of perfect health." If you

reflect that medical relief was *immediately* called in, you may be inclined, like myself, to ascribe poor Grimaldi's damaged constitution, not so much to the effect of the original disorder, as to the sanguinary treatment adopted in his case. Whether or not he had the additional medical *advantage* of being starved at the same time I do not know; but lest it might be inferred that this continued illness was owing to the neglect of this very excellent part of *antiphlogistic* practice, I may just hint that there have been such things as inflammation of the lungs *brought on* by starvation. Witness the verdict of a cotoner's jury, in the case of a pauper, who died not long ago in the White Chapel Work-House. "That the deceased died from *inflammation* of the lungs, produced by exposure and want." The verdict in question was only in accordance with the evidence of the surgeon of the work-house.

In acute disease of the chest—whether involving the *pleura* simply, the interstitial substance of the lungs, or the *muscular* apparatus of the air-tubes, your first duty is to premise an emetic. So far from acting exclusively on the stomach, medicines of this class have an influence primarily *cerebral*, and they therefore act powerfully upon every member and matter of the body. By emetics you may change the existing relations of the whole corporeal atoms more rapidly and effectually, than by any other agency of equal safety in the *Materia Medica*. Every kind of chest-disease being a mere feature or development of fever, whatever will relieve the latter will equally relieve the former. The value of emetics in the simpler forms of fever, few will be sufficiently bold to deny; and the quickness with which the same medicines can alter the state of the inflamed part may be actually seen by their effects on the eye, in the inflammatory affections of that organ. You have only to try them in chest-disease to be satisfied of their inestimable value in cases of this kind. Instead, therefore, of talking of the temporary good you have occasionally seen done by the lancet in inflammation of the chest, call to mind the many deaths you have witnessed where it had been most freely used—to say nothing of the long illnesses which have been the lot of such as have escaped the united bad effects of a chest-disease and loss of blood. Whatever salutary influence, as a *present means of relief*, blood-letting may produce, it is infinitely inferior to what you may obtain by emetics—a class of remedies which possess the additional advantage of giving that relief, without depriving the patient of the material of healthy constitutional power. Their influence, moreover, as a pre-

venite against return of the paroxysm, is very considerable,* while blood-letting, so far as my experience goes, has only, on the contrary, appeared to render the patient more liable to a recurrence.

Lord Bacon tells us in his Works, that if disciples only knew their own strength, they would soon find out the weakness of their masters. What led him to this conclusion? What but the fact that, with all his ability, even Lord Bacon himself had been duped by his teachers?—and why did Des Cartes say, that no man could possibly pretend to the name of philosopher who had not at least once in his life doubted all he had been previously taught? He too had been hoodwinked by his pretended masters in philosophy. But *you*, perhaps, will say all this took place in old times—the world is quite changed since then; professors are now the most enlightened and respectable men alive; they go to church, where they are examples of piety; they never were *found out* in a lie; are not subject to the passions of other men; have no motives of interest or ambition,—in fact, they are all but angels. Now, I only wish you knew the manner in which most of these very respectable persons get their chairs—the tricks, the party work, the suberviency, meanness, and hypocrisy practised by them for that and other ends—and you would not so tamely submit your judgment to their theoretical dreams and delusions. Young men, be *MEN*,—and instead of taking for gospel the incoherent and inconsistent doctrines of the fallible puppets whom interest or intrigue has stuck up in Academic Halls,—use your own eyes, and exercise your own reason! Here, then, I give you a test by which you may know the best practice in inflammatory diseases of the chest—a test that cannot possibly deceive you. Take a certain number of pleuritic and pneumonic patients—bleed, blister, and physic these after the most orthodox fashion, so that you shall not be able to tell, whether the continued disease be the effect of the primary cause, or the heroic measures by which your patients have been worried during their illness. Take another equal number similarly afflicted, and treat them chrono-thermally,—that is to say premise an emetic, and when, by means of this, you have obtained a remission of the symptoms, endeavour to prolong such period of immunity, by quinine, opium, or hydrocyanic acid, and then compare the results of both modes of practice. If you do not find

an immense saving of suffering and mortality by the latter mode of treatment, I will consent to be stigmatised by you as an impostor and deceiver—a cheat—a quack—a person, in a word, who would rather teach error than vindicate truth. Remember, however, before you begin, that the Chrono-Thermal System professes, as its chief feature of superiority over every other, to make *short work* with disease,—a circumstance not likely to recommend it to those whose emolument, from the manner in which things are now ordered, arises principally from long sickness and much physic!

I am often asked how I treat *Enteritis*,—Inflammation of the Bowels—without the Lancet? Before I give my answer, I generally ask—Can medical men boast of any particular success from depletion in this disease? If so, why have they been always so solicitous to get the system under the influence of calomel,—or why do they prescribe Turpentine in its treatment? Is it not because the nature of the relief afforded by the lancet has either been temporary or delusive, or, what I have myself found it to be, absolutely hurtful in the majority of cases? “The symptoms of *Enteritis*,” says Dr. Parr, “are a *shivering*, with an uneasiness in the bowels, soon increasing to a violent pain,—occasionally at first *remitting*, but soon becoming continual. Generally the whole abdomen is affected at the same time with spasmodic pains, which extend to the loins, apparently owing to flatulency. The pulse is small, frequent, generally soft, but sometimes hard, and at last irregular and intermittent—the extremities are cold—the strength sinks rapidly.” “Perhaps,” he adds, “bleeding is *more seldom necessary* in this disease than in any other inflammation; for it rapidly tends to mortification, and should it not at once relieve, it soon proves fatal.” In a letter which I received from staff-surgeon Hume, he says: “I am satisfied that *Pneumonia* and *Enteritis*, diseases which are at present the bugbears of the faculty, are indebted for their chief existence to the remedies employed in ordinary ailments, namely, bleeding, and unnecessary purging. I never saw a case of either, (and I have seen many) of which the subject had not been the inmate of an hospital previously, where he had undergone the usual *antiphlogistic* regimen,—or had been otherwise debilitated, as in the case of long residence in a warm climate.” Now, Gentlemen this is the language of an experienced Medical Officer of the Army, one who, having no interested end to serve, and who would not take private practice if offered to him, is at least as worthy of belief as those whose daily bread

* This statement, when I first published it, was denied by Physicians, but it has been since confirmed by Dr. Seymour, of St. George's Hospital, who recently made some remarks upon the power of Emetics in *relieving the Periodicity of Disease*."

depends upon the extent and *duration* of disease around them. My own practice in Enteritis I will illustrate by a case. I was one evening requested by the Dowager Duchess of Roxburgh to see her butler; I found him with severe pain of abdomen, which would not brook the touch, furred tongue, hard pulse, and hot skin; he told me he had *shivered* repeatedly, that the pain was at first *intermittent*, but at last constant. He had been seen in the morning by a gentleman, who had ordered him Turpentine and Calomel—a proof that he also considered the case as one of inflammation of the bowels. The patient having obtained no relief, I was called in. I gave him an emetic, and went up stairs to await the result. In about twenty minutes I again saw him. The vomit had acted powerfully, and with such relief that he could then turn himself in bed with ease, which he could not before do. I then prescribed prussic acid and quinine. In a few days he was as well as ever. Instead of bringing *theoretic* objections to this method of treating inflammation of the bowels, let practitioners only *put it to the proof*. Is it possible that they can be less successful with the new practice than with the old, under which, when they save a patient in this disease, they are fain to boast of it as a wonder!

I shall now enter at some length upon the subject of

BLOOD-LETTING.

While with one class of practitioners, Medicine is reduced to the mere art of purgation, with another class it consists in the systematic abstraction of blood; every means being resorted to in the mode of doing this, from venesection, arteriotomy, and cupping, to the basest application of the leech. In the remarks, Gentlemen, which I am now about to make on the subject, instead of discussing the preferable mode of taking blood away, I shall bring before you some facts and arguments that may convince you of the perfect possibility of dispensing with the practice altogether.

"The imputation of novelty," says Locke, "is a terrible charge amongst those who judge of men's heads as they do of their perukes, by the *fashion*—and can allow none to be right but the received doctrine." Yet, in the words of the same acute writer:—"An error is not the better for being common, nor truth the worse for having lain neglected; and if it were put to the vote any where in the world, I doubt, as *things are managed*, whether Truth would have the majority; at least while the *authority of men*, and not the *examination of things*, must be its mea-

sure." In the same spirit Lord Byron asks:

"What from this barren being do we reap?
Our senses narrow, and our reason frail,
Life short, and truth a gem that loves the deep,
And all things weighed in Custom's falsest scale.

Opinion an omnipotence—whose veil
Mantles the earth with *darkness*—until right
And wrong are accidents—and men grow pale
Lest their own judgments should become too bright,
And their free thoughts be crimes, and earth
have too much light.

The operation of blood-letting is so associated in the minds of most men, with the practice of physic, that when a very sensible German physician, some time ago, petitioned the King of Prussia to make the employment of the lancet *penal*, he was laughed at from one end of Europe to the other. This you will not wonder at, if you consider that the multitude always think "*whatever is is right*;" but a little reflection will teach you that there must have been a period in the world's history, when the lancet was unknown as a remedy; and that many centuries necessarily elapsed before it could even be imagined that loss of blood might alleviate or cure disease. Nations, nevertheless, grew and prospered. To what daring innovator the practice of physic owes the *Curse* of the lancet, the annals of the art leave us in ignorance; but this we know, that its introduction could only have been done during the infancy of Medicine; when remedial means were yet few, and the mode of action of remedies totally unknown. It was the invention of an unenlightened, possibly, a sanguinary age; and its continued use says but little for the after-discoveries of ages, or for the boasted progress of medical science. Like every other lucrative branch of human knowledge, the Practice of Medicine at one time was entirely in the hands of the priesthood. Might not blood-letting have been first introduced as a sacrifice or expiation on the part of the patient for his supposed sins against an offended deity?—for that till very lately was the *ecclesiastical* cause of all disease. I am the rather inclined to this idea, from the fact that when one of the kings of Spain made his peace with the Inquisition, after a bitter quarrel with that body, they condemned him as a penance to lose a pound of his blood, which was afterwards burnt in public by the common hangman!

Of what is the body composed? Is it not of Blood, and Blood only? What fills up the excavation of an ulcer or an abscess? What reproduces the bone of the leg or thigh.

after it has been thrown off dead, in nearly all its length? What but the *Living Blood*, under the electrical influence of the brain and nerves! How does the slaughtered animal die? Of loss of blood solely. Is not the blood then, in the impressive language of scripture, "the life of the flesh?" How remarkable, that while the value of the blood to the animal economy should be thus so distinctly and emphatically acknowledged, Blood-letting is not even once alluded to, among the various modes of *cure* mentioned in the sacred volume. We have "balms," "balsams," "baths," "charms," "physic," "poultices," even,—but loss of blood never! Had it been practised by the Jews, why this omission? Will the men who now so lavishly pour out the Blood, dispute its importance in the animal economy?—will they deny that it forms the basis of the solids,—that when the body has been wasted by long disease, it is by the blood only it can recover its healthy volume and appearance? Has not nature done every thing to preserve to animals of every kind,

"The electric Blood with which their arteries run!"

BYRON.

She has provided it with strong resilient vessels—vessels which slip from the touch, and never permit their contents to escape, except where their coats have been injured by accident or disease. Misguided by theory, man, presumptuous man, has dared to divide what God, as a part of creation, united; to open what the Eternal, in the wisdom of his omniscience made entire! See then what an *extreme* measure is this! It is on the very face of it a most unnatural proceeding. Yet what proceeding so common, or what so readily submitted to, under the influence of authority and custom? If, in the language of the Chemist Liebig, the blood be indeed "the sum of ALL THE ORGANS that are being formed," how can you withdraw it from one organ without depriving every other of the material of its *healthy* state? Yet enter the crowded hospitals of England—of Europe—and see how mercilessly the lancet, the leech, and the cupping-glass, are employed in the diseases of the poor. Look at the pale and ghastly faces of the inmates. What a contrast to the eager pupils and attendants thronging around their beds—those attendants with bandage and basin, ready at a moment's notice to take from the poor creatures whatever quantity of *life-blood*, solemn Pedantry may prescribe as the infallible means of relieving their sufferings. Do that, I say, and *refrain*, if you can, from exclaiming with *Bulwer*, "when Poverty is sick, the doctors mangle it!" What are the causes of the

disorders of this class of people? In the majority of cases, defective food, and impure air. By these has their blood been deteriorated—and for what does the (so termed) man of science abstract it? To make room for better? No!—goaded on by the twin-goblins, "congestion" and "inflammation," to deteriorate it still further by starvation and confinement. Gentlemen, these terms play in physic much the same thing as others, equally senselessly misused, play in the common affairs of the world—

Religion, freedom, vengeance, what you will, A word's enough to raise mankind to *kill*, Some *party*-phrase by *cunning* caught and spread,

That GUILT may reign, and WOLVES and worms be fed. BYRON.

The first resource of the surgeon is the lancet,—the first thing he thinks of, when called to an accident, is how he can most quickly open the floodgates of the heart, to pour out the stream of an already enfeebled existence. Does a man fall from his horse or a height, is he not instantly bled?—has he been stunned by a blow, is not the lancet in requisition? Nay, has an individual fainted from over-exertion, or exhaustion, is it not a case of FIT—and what so proper as venesection!

You cannot have forgotten the fate of Malibran—the inimitable Malibran—she who so often, by her varied and admirable performances, moved you to tears and smiles by turns. She was playing her part upon the stage—she entered into it with her whole soul, rivetting the audience to the spot by the very intensity of her acting. Just as she had taxed the powers of her too delicate frame to the uttermost—at the very moment she was about to be rewarded by a simultaneous burst of acclamation, she fainted and fell—fell from very weakness. Instantly a medical man leapt upon the stage—to administer a cordial? No—to bleed her—to bleed a weak, worn, and exhausted woman! And the result?—she never rallied from that unfortunate hour. But, Gentlemen, Malibran was not the only intellectual person of the thousands and tens of thousands who have prematurely perished by the lancet. Byron and Scott—those master-spirits of their age—those great men who, like Ariosto and Shakspeare, not only excited the admiration of cotemporary millions, but whose genius must continue, for generations yet unborn, to delight the land that produced them—they too fell victims to the lancet—they too were destroyed by hands which, however friendly and well-intentioned, most undoubtedly dealt them their death-blows. Is not this a sub-

ject for deep reflection? To the cases of these great men we shall recur in the course of this lecture; but for the present, we must turn to other matters—to events that have just passed before our eyes. The affair of Newport, in Wales, is still the topic of the hour. You must therefore remember it to its minutest detail—the attack by the rioters upon the town—the gallant and successful stand made by Captain Gray and his little detachment of the 45th regiment—the prisoners captured, and the investigation which afterwards took place. In the course of that inquiry a prisoner, when under examination, fainted. What was done with him? He was carried out of court and immediately bled! On his return the newspapers tell us, an extraordinary change had come over his countenance. From being a man of robust appearance, he had become so wan and haggard, so altered in every lineament, the spectators could scarcely recognize him as the same prisoner. Yet, strange to say, not one of the many journals that reported this case, introduced a single word in condemnation of the utterly uncalled for measure, which brought the man to such a state;—so much has Custom blunted the sense of the public to this the most dangerous of all medical appliances!

Gentlemen, a coroner's inquest was held upon a person who died suddenly. I shall read to you what followed from the Times newspaper, of the 20th December, 1839, suppressing, for obvious reasons, the name of the witness. "Mr. —, surgeon, stated that he was called upon to attend deceased, and found him at the point of death. He attempted to BLEED him, but ineffectually, and in less than a minute from witness's arrival, deceased expired. Witness not being able to give any opinion as to the cause of death from the symptoms that then exhibited themselves, he afterwards, with the assistance of Dr. Ridge, 37 Cavendish Square, made a post-mortem examination, and found that a large cavity attached to the large vessel of the heart, containing blood, had burst, and that that was the cause of death." So that while the man was actually dying of inanition from internal bleeding, the surgeon, utterly ignorant, according to his own confession, of the nature of the symptoms, deliberately proceeded to open a vein!—How happens it that the lancet should be so invariably the first resort of IGNORANCE?

In every case of stun or faint, the employment of this instrument must be a superadded injury;—in all, there is a positive enfeeblement of the whole frame, evidenced by the cold surface and weak or imperceptible pulse; there is an exhaustion, which loss of blood,

so far from relieving, too often converts into a state of utter and hopeless prostration. True, men recover though treated in this manner, but these are not *cures*,—they are *escapes*.

How few the diseases which loss of blood may not of itself produce. If it cannot cause the eruptions of small-pox, nor the glandular swellings of plague, it has given rise to disorders more frequently and more immediately fatal than either. What think you of cholera asphyxia—Asiatic cholera? Gentlemen, the symptoms of that disease are the identical symptoms of a person bleeding *slowly* away from life! The vomiting, the cramps, the sighing, the long gasp for breath—the leaden and livid countenance which the painter gives to the dying in his battle-pieces—these are equally the symptoms of cholera and loss of blood! Among the numerous diseases which it can produce, Darwin says—"a paroxysm of gout is liable to recur on bleeding." John Hunter mentions "lock-jaw and dropsy," among its injurious effects,—Travers, "blindness," and "Palsy,"—Marshall Hall, "Mania,"—Blundell, "dysentery,"—Broussais, "fever and convulsions!" "When an animal loses a considerable quantity of blood," says John Hunter, "the heart increases in its frequency of strokes as also in its violence." Yet these are the indication for which professors tell you to bleed! You must bleed in every inflammation, they tell you. Yet is not inflammation a daily effect of loss of blood! Marenzie mentions "pneumonia" as having been produced by it,—completely confirming the evidence of Mr. Hume upon that point. He further tells us that he has witnessed among its effects "the entire train of what people are pleased to call inflammatory phenomena;—and mark," he says, "the extraordinary fact that this inflammation will have been produced by the very agent which is daily used to combat it." What a long dream of false security have mankind been dreaming!—they have laid themselves down on the laps of their medical mentors,—they have slept a long sleep;—while these, like the fabled vampire of the poets, taking advantage of a dark night of barbarism and ignorance, have thought it no sin to rob them of their life's blood during the profoundness of their slumber!

Gentlemen, the long shiver of the severest ague, the burning fever, the fatal lock-jaw, the vomiting, cramps, and asphyxia of cholera, the spasm of asthma and epilepsy, the pains of rheumatism, the paralytic and tumultuous heart the most settled melancholy and madness, dysentery, consumption, every species of palsy, the faint that became death, these—all these—have I traced to loss of blood. Could arsenic, could prussic acid, in

their deadliest and most concentrated doses do more? Yet I have heard men object to use the minutest portions of these agents, medicinally,—men who would open a vein, and let the life-blood flow until the patient fell like an ox for the slaughter, death-like, and all but dead, upon the floor! Do these practitioners know the nature of the terrible power they thus fearlessly call to their aid? Can they explain its manner of action even in those cases where they have supposed it to be beneficial? The only information I have been able to extract from them upon this point, has been utterly vague and valueless. Their reasoning, if it could be called reasoning, has been based on a dread of “inflammation” or “congestion.” From the manner in which they discuss the subject, you might believe there was no remedy for either but the lancet. Ask them why they bleed in ague—in syncope—in exhaustion or collapse?—they tell you it is to relieve congestion. After a stun or fall?—it is to prevent inflammation.—Bleeding, in all my experience, I have already stated to you, never either relieved the one, or prevented the other! Gentlemen, did you never see inflammation of a vein AFTER bleeding—inflammation caused by the very act! I have known such inflammation end fatally. Did you never know the wounds made by leech-bites become inflamed, AFTER these reptiles had exhausted the blood of the part to which they were applied! And how came that about? Simply because, however perfectly you exhaust any part of its blood, you do not thereby prevent that part from being again filled with it—or rather, you make it more liable to be so, by weakening the coats of the containing vessels! Hundreds thousands have recovered from every kind of disease, who never were bled in any manner; and many, too many have died, for whom the operation, in all its modes, had been most scientifically practised! Have I not proved that every remedial agent possesses but one kind of influence, namely, the power of changing temperature? Let the schoolman show me that the lancet possesses any superiority in this respect—any specific influence more advantageous than other less questionable measures; and I shall be the last to repudiate its aid in the practice of my profession. The beneficial influence of blood-letting, where it has been beneficial in disease, relates solely to temperature. To this complexion it comes at last, and to nothing more—the equalization and moderation of temperature. In the congestive and non-congestive stages of fever—the cold—the hot—the sweating—the lancet has had its advocates. Blood-letting, under each of these circumstances, has changed existing temperature. Why, then,

object to its use? For this best of reasons, that we have remedies without number, possessing each an influence equally rapid, and an agency equally curative, without being, like blood-letting, attended with the insuperable disadvantage of abstracting the material of healthy organization. I deny not its power as a remedy in certain cases; but I question its claim to precedence, even in these. Out of upwards of TWELVE THOUSAND CASES of disease that have, within the last few years, been under my treatment, I have not been compelled to use it once. Resorted to, under the most favorable circumstances, its success is any thing but sure, and its failure involves consequences which the untoward administration of other means may not so certainly produce. Have we not seen that all diseases have remissions, and exacerbations—that mania, asthma, apoplexy and inflammation, are all remittent disorders? From the agony or intensity of each of these developements of fever, you may obtain a temporary relief by the use of the lancet; but what has it availed in averting the recurrence of the paroxysm? How often do you find the patient you have bled in the morning ere night with every symptom in aggravation. Again you resort to bleeding, but the relief is as transitory as before. True, you may repeat the operation, and re-repeat it, until you bleed both the blood and the life away. Venesection, then, in some cases, may be a temporary though delusive relief. The general result is depression of vital energy, with diminution of corporeal force!

Dr. Southwood Smith, physician to the London Fever Hospital, has published a book purposely to show the advantages of bleeding in fever. One of his cases is so curiously illustrative of his position, that I shall take the liberty of transcribing it from the Medical Gazette, with a running commentary by the Editor of that periodical:—“The case of Dr. Dill demands our most serious attention, and deserves that of our readers. It is adduced as an example of severe cerebral affection, in which case, Dr. S. affirms, ‘the bleeding must be large and early as it is copious.’ ‘I saw him,’ says Dr. Smith, ‘before there was any pain in the head, or even in the back, while he was yet only feeble and chilly. The aspect of his countenance, the state of his pulse, which was slow and labouring, and the answer he returned to two or three questions, satisfied me of the inordinate, I may say the ferocious attack that was at hand—p. 398’

“Whatever may be the opinion of our readers, as to the above signs indicating a ferocious cerebral attack, they will one and all agree with us, that the ferocious attack

was met with a ferocious treatment; for an emetic was given without delay, and 'blood was taken from the arm, to the extent of twenty ounces.' This blood was not inflamed. Severe pains in the limbs and loins, and intense pain in the head, came on during the night—and early in the morning blood was again drawn to the extent of sixteen ounces 'with great diminution, but not entire removal of the pain.' Towards the afternoon he was again bled to sixteen ounces. 'The pain was now quite gone—the blood from both these bleedings intensely inflamed.' [Inflamed, according to Dr. Smith's notions—but mark, in his own words—the first blood drawn was "not inflamed." Were the lancet a preventive of inflammation, how came the blood to be inflamed AFTER so many bleedings?]]

"During the night the pain returned, and in the morning, notwithstanding the eyes were dull and beginning to be suffused, the face blanched, (no wonder!) and the pulse slow and intermittent, and weak, twelve leeches were applied to the temples—and as these did not entirely remove the pain, more blood, to the extent of sixteen ounces, was taken by cupping. The operation afforded great relief—but the following morning, the pain returned, and again was blood abstracted to sixteen ounces. 'Immediate relief followed this second operation; but unfortunately, the pain returned with great violence, towards evening; and it was now impossible to carry the bleeding any further.' Typhoid symptoms now began to show themselves; 'the fur on the tongue was becoming brown, and there was already a slight tremor in the hands.' What was to be done? Ice, and evaporating lotions were of no avail;—but happily for Dr. Dill, the affusion of cold water on the head, 'the cold dash,' was thought of and employed—and this being effectually applied, the relief was 'instantaneous and most complete.' So that this case, announced as a severe cerebral affection, and treated in anticipation, by copious blood-letting, BEFORE there was any pain in the head while the patient was yet only feeble and chilly, which grew worse and worse as the blood letting was repeated, until, after the abstraction of NINETEEN OUNCES of blood, the patient had become in a 'state of intense suffering,' and 'imminent danger,' and was relieved at last by the cold dash—this case, we say, is brought forward as a specimen of the extent to which copious blood-letting may some times be REQUIRED!! Most sincerely do we congratulate Dr. Dill on his escape, not from a dangerous disease, but from a DANGEROUS REMEDY."—*Medical Gazette*.

Could any case more forcibly exemplify

the utter inefficiency of blood-letting, in almost all its forms, either as a certain remedy, or a preventive of fever? Yet such is the force of custom, prejudice, education, that this case,—and, I have no doubt, thousands like it, so far from opening the eyes of the physician to the London Fever Hospital, only served to confirm him in his error. He had his *methodus medendi*, and he pursued it; and notwithstanding the total inefficiency of his vaunted remedy, he gives the case at length, as a perfect specimen of the most perfect practice—Mark the result of that practice!—but for the "cold dash," the patient must have perished. It is even now a question whether he ever recovered from those repeated blood-lettings,—for he died not many months after. Happy would it have been for mankind, that we had never heard of an Anatomical or "Pathological School!"—happier for Dr. Dill, for to that school, and its pervading error of imputing effect for cause, may we fairly attribute all this sanguinary practice.

Lord Byron called medicine "the destructive art of healing." How truly it proved to be so in his own person, you will see, when I give you the details of his last illness:—"Of all his prejudices," says Mr. Moore, "he declared the strongest was that against Bleeding. His mother had obtained from him a promise, never to consent to be bled, and, whatever argument might be produced, his aversion, he said, was stronger than reason. 'Besides, is it not,' he asked, 'asserted by Dr. Reid, in his *Essays*, that less slaughter is effected by the lance, than the lancet—that minute instrument of mighty mischief?' On Mr. Millingen observing that this remark related to the treatment of nervous but not of inflammatory complaints he rejoined, in an angry tone, 'Who is nervous, if I am not?—and do not those other words of his, apply to my case, where he says, that drawing blood from a nervous patient, is like loosening the cords of a musical instrument, whose tones already fail, for want of a sufficient tension! Even before this illness, you yourself know how weak and irritable I had become; and bleeding, by increasing this state, will inevitably kill me. Do with me what else you like, but bleed me you shall not. I have had several inflammatory fevers in my life, and at an age when more robust and pethoric; yet I got through them without bleeding. This time, a'so, will I take my chance.'" After much reasoning, and repeated entreaties, Mr. Millingen at length succeeded in obtaining from him a promise, that should he feel his fever increase at night, he would allow Dr. Bruno to bleed him. "On revisiting the patient

early next morning, Mr. Millengen learned from him that having passed, as he thought, on the whole, a better night, he had not considered it necessary to ask Dr. Bruno to bleed him. What followed, I shall, in justice to Mr. Millengen, give in his own words:—"I thought it my duty now to put aside all consideration of his feelings, and to declare solemnly to him how deeply I lamented to see him trifle thus with his life, and show so little resolution. His pertinacious refusal had already, I said, caused much precious time to be lost; but few hours of hope now remained, and unless he submitted immediately to be bled, we could not answer for the consequences. It was true, he cared not for life, but who could assure him, that unless he changed his resolution, the uncontrolled disease might not operate such disorganization in his system, as utterly and forever to deprive him of reason! I had now hit at last upon the sensible chord; and partly annoyed by our importunities, partly persuaded, he cast at us both, the fiercest glance of vexation, and throwing out his arm, said, in the angriest tone, 'There you are, I see, a d—d set of butchers,—take away as much blood as you like, but have done with it!' We seized the moment, (adds Mr. Millengen,) and drew about twenty ounces. On coagulating, the blood presented a strong buffy coat; yet the relief obtained did not correspond to the hopes we had formed; and during the night the fever became stronger than it had been hitherto, the restlessness and agitation increased, and the patient spoke several times in an incoherent manner." Surely this was sufficient to convince the most school-bound of the worse than inoperative nature of the measure. Far from it. "On the following morning, the 17th April, the bleeding was repeated twice, and it was thought right also to apply blisters to the soles of his feet!" Well might Mr. Moore exclaim: "It is painful to dwell on such details." For our present purpose, it will be sufficient to state, that although the "rheumatic symptoms had been completely removed," it was at the expense of the patient's life; his death took place upon the 19th. that is, three days after he was first bled—[*Moore's Life of Byron*.] Now I ask you, what might have been the termination of this case, had an emetic been substituted for the lancet, and had the remission been prolonged by quinine, opium, or arsenic! I solemnly believe Lord Byron would be alive at this moment; nay, not only is it possible, but probable, that a successful result might have ensued, without any treatment at all. When describing the effects of a former fever, Lord Byron himself says: "After a week of half delirium, burn-

ing skin, thirst, hot headache, horrible pulsation, and no sleep, by the blessings of barley water, and *refusing to see my physician*, I recovered." Facts, like these, are indeed, stubborn things!

I have preferred to give these two instances of what I conceive to be decided malpractice, to any of the numerous cases which have come under my own observation, as the first named gentleman was well known to many of the medical profession, while the death-scene of the noble poet, will arrest the attention of all who take an interest in his genius.

In the generality of cases of disease, gentlemen, it matters little what may have been the primary Cause. The disease or effect, under every circumstance, not only involves change of temperature, but produces more or less interruption to the two vital processes Digestion and Respiration. In other words, it impedes *sanguification*, or the necessary reproduction of that Living fluid, which, throughout all the changes of life, is constantly maintaining expenditure. This being in the nature of things one of the first effects of disorder, let us beware how we employ a remedy, which, if it succeed not in restoring healthy temperature, must inevitably hasten the fatal catastrophe—or, in default of that, produce those low chronic fevers, which, under the names of dyspepsia, hypochondria, hysteria, mania, &c., the best devised means too often fail to alleviate, far less to cure. With the free admission, then, that the lancet is capable of giving temporary relief to local fulness to blood, and to some of the attendant symptoms, I reject it generally, upon this simple and rational ground that it cannot prevent such fulness from returning—while it requires no ghost from the grave to tell us that its influence upon the general constitution, must, in every such case, be prejudicial. If the source of a man's income is suddenly cut off, and he still continue to spend as before, surely his capital must, as a matter of course, diminish.—Beware then, how under the exact same circumstances of body, you allow a doctor to take away the little capital of blood you possess when disease comes upon you,—remember there is then no income—*all is expenditure*. And I care not whether you take inflammation of any considerable internal organ,—the Brain, Liver, or Heart, for example,—or of any external part, such as the knee, or ankle joint—with the lancet, you can seldom ever do more than give a delusive relief, at the expense of the powers of the constitution. The man of routine, who has not heard my previous lectures, giving up Fever, perhaps, and a few other disorders, which the occasional obstinacy of a refracto-

ry patient, contrary to "received doctrine," has taught him, may yield to other means than blood-letting—will ask me what I should do without the lancet in apoplexy? Here the patient having no will of his own, and the prejudices of his friends being all in favour of blood-letting, the school-bound member of the profession has seldom an opportunity of opening his eyes. Mine were opened by observing the want of success attending the sanguinary treatment; in other words, the number of deaths that took place, either in consequence, or in spite of it! Was not that a reason for change of practice? Having in my Military Hospital no prejudices to combat; and observing the flushed and hot state of the patient's forehead and face. I determined to try the cold dash. The result was beyond my best expectations. The first patient was laid out all his length, and cold water poured on his head from a height. After a few ablutions, he staggered to his feet, stared wildly round him, and then walked to the hospital, where a smart purgative completed his cure. While in the army, I had a sufficiently extensive field for my experiments; and I seldom afterwards lost an apoplectic patient.

But, Gentlemen, since I embarked in private practice, I have improved upon my Army plan. With the purgative given after the cold dash, I have generally combined quinine or arsenic—and I have also, upon some occasions, at once prescribed hydrocyanic acid without any purgative at all. This practice I have found highly successful. That Quinine may prevent the apoplectic fit, I have proved to you, by the case given by Dr. Graves. The value of Arsenic in apoplexy has also been acknowledged, even by members of the profession; but whether they have been acquainted with the true principle of its mode of action, in such cases, is another thing. Dr. A. T. Thomson recommends it "in threatened apoplexy, after Cuppings and Purgings, when the strength is diminished and the complexion pale;" that is, you must first break down the whole frame by depletion—you must still further weaken the already weak vessels of the brain, before you take measures to give their coats the degree of strength and stability, necessary to their healthy containing power! Upon what principle would you, Gentlemen, prescribe arsenic in threatened apoplexy? Surely, upon the same principle that you would prescribe it during the remission in ague—to prolong the period of immunity—to avert the paroxysm. Long after the Bark came into fashion for the cure of Ague, practitioners still continued to treat that distemper, in the first instance, by depletion, till the complexion

became pale. Do they treat it so now?—No; they have become wiser!—why then do they go on from day to day, bleeding in threatened apoplexy? In the case given by Dr. Graves, depletion—repeated depletion, did not prevent the recurrence of the apoplectic fit—but quinine was at once successful. Sir Walter Scott had a series of fits of apoplexy. What did the bleeding and starving system avail in his case? It gave him, perhaps, a temporary relief, to leave him at last in a state of irrecoverable prostration. Mr. Lockhart, his biographer, tells us how weak the bleeding always made him. But how could it be otherwise, seeing that I have proved to all but mathematical demonstration, that whatever debilitates the whole body, must still further confirm the original weakly condition of the coats of the blood-vessels, which constitutes the tendency to apoplexy. Had the cold dash been resorted to during the fit, and had quinine, arsenic, or hydrocyanic acid been given during the period of immunity, who knows but the Author of Waverley might still be delighting the world with the wonderful productions of his pen!

Shall I be told there are cases of apoplexy, where the face is pale, and the temperature cold? My answer is—these are not apoplexy, but *faint*!—cases which the cold dash or a cordial might recover, but which the lancet, in too many instances, has perpetuated to fatality! If the practitioner tells me that the cold dash by no possibility can cure an apoplexy, where a vessel is ruptured with much *effusion* of blood on the brain; my reply is, that in such a case he may bleed all the blood from the body, with the same unsuccessful result! In the case of effusion of blood in an *external* part, from a bruise, for instance, could any repetition of venesection make the *effused blood* re-enter the vessel from which it had escaped? No more could it do so in the brain, or any other part. Why, then, resort to it in this case? If it be said, to stop bleeding, I answer that it has no such power. Who will doubt that Cold has? Surely, if the mere application of a cold key to the back very often stops bleeding from the nose, you can be at no loss to conceive how the far greater shock of the cold dash may stop a bleeding in the brain? When, on the contrary, there is no vascular rupture, but only a tendency to it, the cold dash will not only contract and strengthen the vascular coats so as to prevent them from giving way; but will moreover rouse the patient from his stupor, by the simple shock of its application. But from theory and hypothesis, I appeal to indubitable and demonstrative fact.

Let the older members of the profession seriously reflect upon the ultimate injur

which may accrue to their own interests, by opposing their school-follies and school-prejudices to palpable and demonstrative truth. So long as colleges and schools could mystify Disease and its nature, any treatment that these proposed—no matter how cruel or atrocious—would be submitted to in silence; but, when people find out that every kind of disorder, inflammation included, may be conquered, not only by external, but by internal means, they will pause before they allow themselves to be depleted to death, or all but death, by the lancet of either surgeon or physician. The world will not now be deluded by the opposition of men, who stick to their opinion not so much because they have long supported it, as that it supports them—men who, in the words of Lord Bacon would dispute with you whether two and two make four, if they found the admission to interfere with their interests.

Will any practitioner be so bold as to tell me that inflammation of any organ in the body is beyond the control of internal remedies? For what, then, I ask, do we prescribe mercury for inflammation of the liver and bowels? Why do we give colchicum for the inflamed joints termed gout and rheumatism? Do not these remedies, in numerous instances lessen the temperature, pain, and morbid volume of these inflammations, more surely and safely than the application of leech or lancet? If, for such inflammations, then, we have influential internal remedies, why may we not have medicines equally available for diseases of the lungs? Have I not shown you the value of prussic acid in such cases? But I shall be told of the danger of such a remedy in any but skilful hands. In the hands of the ignorant and injudicious, what remedial means, let me ask, have not proved, not only dangerous, but deadly?—has not mercury done so?—Are purgatives guiltless? How many have fallen victims to the lancet! With prussic acid properly diluted and combined, I have saved the infant at the breast from the threatened suffocation of croup; and I have known it in the briefest space of time relieve so called inflammation of the lungs, where the previous pain and difficulty of breathing were hourly expected to terminate in death. True, like every other remedy, it may fail—but have we no other means or combination of means for such cases? With emetics and quinine I have seldom been at a loss; and with mercury and turpentine I have cured pneumonia.

But will the inflamed heart yield to anything but blood-letting! Fearlessly I answer, yes! and with much more certainty. With *emetics, prussic acid, mercury, colchicum, silver, &c.*, I have conquered cases that were

theoretically called inflammations of the heart and which the abstraction of half the blood in the body could not have cured. So also has Dr. Fosbroke, physician to the Ross Dispensary, a gentleman who had the felicity to be associated with Dr. Jenner in his labours, and one in whose success and fortunes that illustrious man took the warmest interest. [See Baron's life of Jenner.] In some of the numbers of the lancet Dr. Fosbroke has given several cases of Heart-Disease, which he treated successfully without blood-letting, and, with a rare candour, he admits that a lecture of mine on the heart and circulation had no small influence in leading him to dismiss blood-letting in the treatment of them.

The human mind does not easily turn from errors with which, by early education, it has been long imbued: and men, grey with years and practice, seldom question a custom, that, fortunately for them at least, has fallen in with the prejudices of their times. For myself, it was only step by step, and that slowly that I came to abandon the lancet altogether in the treatment of disease. My principal substitutes have been the various remedies which, from time to time, I have had occasion to mention; but in a future lecture I shall again enter more fully into their manner of action. That none of them are without danger in the hands of the unskilful, I admit;—nay, that some of them, mercury and purgatives, for example, have, from their abuse, sent many more to the grave, than they have ever saved from it, is allowed by every candid and sensible practitioner. But that was not the fault of the medicines, but of the men, who, having prescribed them without properly understanding the principles of their action, in the language of Dr Johnson, “put bodies of which they knew little, into bodies of which they knew less!”

Gentlemen, I have not always had this horror of blood-letting. In many instances have I formerly used the lancet, where a cure, in my present state of knowledge, could have been effected without; but this was in my noviciate, influenced by others, and without sufficient or correct data to think for myself. In the Army Hospitals, I had an opportunity of studying disease, both at home and abroad. There I saw the fine tall soldier, on his first admission, bled to relief of a symptom, or to fainting. And what is *fainting*? A loss of every organic perception—a death-like state, which only differs from death, by the possibility of a recall. Prolong it to permanency and it is death! Primary symptoms were, of course, got over by such measures—but once having entered the hospital walls, I found that soldier's face become familiar to

me. Seldom did his pale countenance recover its former healthy character. He became the victim of consumption, dysentery, or dropsy; his constitution was broken by the first depletory measures to which he had been subjected.

Such instances, too numerous to escape my observation, naturally led me to ask—Can this be the proper practice? It was assuredly the practice of others—of all. Could all be wrong? Reflection taught me that men seldom act for themselves; but take, for the most part, a tone or bias from some individual master.

By education most have been misled;
So they believe, because they were so bred.

But, Gentlemen, I had the resolution to think for myself—aye, and to act, and my conviction gained, from much and extensive experience, is, that ALL diseases may not only be successfully treated without loss of blood, but that blood-letting, however put in practice, even where it gives a temporary relief, almost invariably injures the general health of the patient. Englishmen! you have traversed seas, and dared the most dangerous climes to put down the traffic in blood;—are you sure that in your own homes there is no such traffic carried on—no GUINEA TRADE?

In connection with Blood-letting in the treatment of inflammation, we generally find

ABSTINENCE OR STARVATION

recommended. Beware of carrying this too far!—for “Abstinence engenders maladies.” So Shakespeare said, and so nature will tell you, in the teeth of all the doctors in Europe! Abstinence, Gentlemen, may produce almost every form of disease which has entered into the consideration of the physician; another proof of the unity of morbid action, whatever be its cause. You remember what I told you of the prisoners of the Penitentiary; but I may as well restate the facts at this lecture. In the words of Dr. Latham, then, “An ox’s head, which weighed eight pounds, was made into soup for one hundred people; which allows one ounce and a quarter of meat to each person. After they had been living on this food for some time they lost their colour, flesh, and strength, and could not do as much work as formerly. At length this simple debility of constitution was succeeded by various forms of disease. They had scurvy, diarrhoea, low Fever, and lastly, diseases of the brain and nervous system.

“The affections,” Dr. Latham continues, “which came on during this faded, wasted, weakened state of body, were headache, vertigo, delirium, convulsions, APOPLEXY, and even mania. When blood-letting was tried (why was it tried?) the patients fainted, after losing five, four, or even fewer ounces of

blood. On examination, after death, there was found *increased vascularity* of the brain, and sometimes fluid between its membranes and its ventricles.” Is not this a proof of what I stated to you in my last lecture, that the tendency to hemorrhagic development does not so much depend upon fulness of blood, as upon weakness of the coats of the containing vessels?—starvation, you see, actually producing this disease—in the Brain at least.

Every tribe of animals conveys its food to its mouth in its own way—but in all the higher animals, man included, the substances composing the food are converted into blood in precisely the same manner. Crushing and comminuting it by their teeth, they all reduce it by the aid of their saliva to a *pulp*, and by the action of their tongue and other muscles convey it in that state to the gullet,—the *Epiglottis*, or valve of the wind-pipe, shutting simultaneously, so as to prevent all intrusion in that quarter—though some of you, when attempting to speak and eat at the same time, may have had the misfortune to let a particle enter the “wrong throat.”—I need say nothing of the misery of that. When the food reaches the stomach, into which it is pushed by the muscular apparatus of the gullet, a new action commences. Pooh, pooh! I hear you say, all this we know already—but, Gentlemen, what *you* know may be news to somebody, and as I see strangers listening with apparent attention, I will proceed as I have begun. Well, then, to continue. Once in the stomach the food becomes mixed with the gastric juice, a secretion peculiar to that organ, and this secretion works so great an alteration upon it, that it is no more the same thing. It is now what medical men term Chyme—but this is not the only change it has to undergo; for scarcely has the chyme left this great receptacle of gluttony, and entered the small intestines, when it receives a supply of another juice from a gland called the Pancreas—and yet another from the ducts of the Liver, a still larger gland; and this under the mysterious name of Bile, some of you may possibly have heard of before! By this last juice it is turned of a white colour, and from Chyme its name becomes Chyle,—why, upon my word, I forget. But as nothing in nature will go on constantly the same without change, the chyle, for very good reasons of its own, must needs separate into two parts—one nutritious, the other the reverse—one portion enters into the formation of every part of the body—the other is excrementitious, and must be expelled from it. For the nutritious portion a million of mouths are ready—ready, like sharks, to make the most of it. These belong to a system of vessels, called from the milky

pearance of their contents, Lacteals—and they pervade the greater part of the entire alimentary canal. A great receptacle, (the Thoracic duct) receives them all, for it is their common point of re-union; and this again under a new name, (the receptaculum Chyli) passing upwards along the front of the spinal column, quietly drops its contents, pulp, chyme, chyle, what you please, into the left subclavian vein, a large blood-vessel leading under the left collar bone to the heart. Here the chyle is no longer chyle—meeting and mixing with the blood, it becomes Blood in fact, to be sent first by the right chamber of the heart through the lungs, and then by the left chamber circulated to all parts of the body. In that now *living* state it successively takes the shape of every organ and atom of the body; again in the shape of the excrementitious secretions, to pass in due time to the earth from which its elements were first derived.

The food of animals supports them only in so far as it offers elements for *assimilation* to the matter of the various organs and tissues composing their frames. While a single secretion still continues to be given off from the body—while the kidneys or bowels, for example, continue to perform their office, however imperfectly,—it must be manifest to you, that without some corresponding dietetic increment, elemental atoms of the animal organism must sooner or later be so far *expended* as to leave it in a state incompatible with life. How, then, let me ask, can you reconcile Healthy organization with Starvation-practice? How can you expect to find even the appearance of health after having practised the still more barbarous and unnatural proceeding of withdrawing by blood-letting a certain portion of the *sum* of all the organs that are being formed? The *quantity* of food which animals take, diminishes or increases in the same proportion as it contains more or less of the substance which chemists term *azote* or *nitrogen*. This, as you well know, is most abundant in animal food, but all vegetables possess more or less of it. Rice perhaps contains less than any other grain, and that is the reason why the Asiatics can devour such quantities of it at a time, as they are in the habit of doing. You would be quite surprised to see the natives of India at meal-time. Sitting cross-legged on their mats, a great basin of rice before them, with mouth open and head thrown back, they cram down handful after handful, till you wonder how their stomachs can possibly contain the quantity they make disappear so quickly.

The most cursory examination of the *human teeth, stripped of every other consideration, should convince every body with the least pretension to brains, that the food of*

man was never intended to be *restricted* to vegetables exclusively. True, he can subsist upon bread and water, for a time, without dying, as the records of our prisons and penitentiaries can testify; but that he can maintain a state of health under such circumstances, is as utterly and physically impossible as that the lion and the panther should subsist on the restricted vegetable diet of the elephant. The dental organization of man partakes of the nature of the teeth of both graminivorous and carnivorous animals—his food should, therefore, be a mixture of the elements of the food of both, and with this mixed nourishment, the experience of centuries tells us, he supports life longest. How wretched, on the contrary, is the person doomed, however briefly, to an exclusive diet. Sir Walter Scott thus describes the effect of what he terms “a severe vegetable diet,” upon himself. “I was affected,” he says, “while under its influence, with a *nervousness* which I never felt before nor since—a disposition to start upon slight alarms; a want of decision in feeling and acting, which has not usually been my failing; an acute sensibility to trifling inconveniences, and an unnecessary apprehension of contingent misfortunes, rise to my memory as connected with vegetable diet.” How can a dietetic system, which so shakes the entire frame, by any possibility give strength and stability to the weaker parts of the body,—those parts whose atomic attractions are so feeble, that every breath that blows upon the whole organism, shakes them to pieces? Must it not, in the very nature of things, make the man predisposed to consumption more certainly consumptive,—and so on, throughout the whole catalogue of hereditary disease? That abstinence is proper, in the commencement of most *acute* disorders, nobody will doubt. The fact is proved by the inability of the patient to take his accustomed meal; his stomach then is as unfit to digest or assimilate nutriment, as his limbs are inadequate to locomotion. Both equally require rest. But to starve a patient who is able and willing to eat is downright madness. No animal in existence can preserve its health, when fed on one kind or food exclusively. The dog, when restricted to sugar alone, seldom survives the sixth week,—and the horse, if kept entirely upon potatoes, would waste away day by day, though you were to give him as much of that particular diet as he could devour;—he would die of a slow starvation. How many persons, even in the upper walks of life, are every day starved to death. The apothecary has only with a mysterious shrug to whisper the word “inflammation,” and it is quite astonishing to what miserable fare

people of all conditions will submit. Instead of an exclusive vegetable diet being a cure for all complaints, as your medical wisacres assure you, I know no complaint except small-pox and the other contagious diseases, that it has not of itself produced. The only thing it is good for, in my view of the matter is to keep the patient to his chamber, and the doctor's carriage at the door. You see what a profitable practice it must be for the apothecary,—and I'll bet you my life the physician who first brought it into fashion made his fortune by it. Not a nurse or nostrum-vender in the kingdom, but would be sure to cry him up to the skies! Not an apothecary from Greta Green to Land's-End, but could tell you of some miracle worked by him; and the world hearing the same thing eternally rung in its ears, how could it possibly doubt the greatness of "Diana of the Ephesians!"

I am every day asked by my patients what diet they should take. I have the same answer for all—whatever they like best themselves, if they do not find it disagree. Their own experience of what agrees and disagrees with their own particular constitutions, is far better than any theory of yours or mine. Why, bless my life! in many chronic diseases the diet which a patient can take to-day would be rejected with disgust to-morrow; under such circumstances, would you still, according to common medical practice, tell a sick man to go on taking what he himself found worried him to death? Gentlemen, I hope better things of you.

The only general caution you need give your patients on the subject of diet, is moderation; moderation in using the things which they find agree with themselves best. You may direct them to take their food in small quantities at a time, at short intervals, intervals of two or three hours for example, and tell them 'to take the trouble to masticate it properly before they swallow it, so as not to give a weak stomach, the double work of mastication and digestion,—these processes being, even in health, essentially distinct. Unless properly communicated and mixed with saliva, how can you expect the food to be anything but a source of inconvenience to persons whom the smallest trifle will frequently discompose? I remember having read an anecdote of the late Mr. Abernethy, which is so apropos to what I have just been telling you, that I do not know that I can better finish what I have to say upon the subject of diet, than by letting you hear it. even at the risk of its proving to some of you a twice-told tale:—An American captain, on being one morning shown into his consulting room, immediately, in Yankee fashion, emptied the contents of his mouth

upon the floor. The man of medicine stated, keeping his hands in his pockets, according to his custom, until the patient should explain. "What shall I do for my dyspepsy?" asked the American captain. "Pay me your fee and I will tell you," replied the doctor.—The money was produced and this advice given, "instead of squirting your saliva over my carpet, keep it to masticate your food with." Now, upon my word, he could not have given him better advice.

Gentlemen, I shall conclude this lecture by reading to you a few of my communications I have received from medical men of repute, since I first published my doctrines in 1836. Dr. Fosbroke, of Ross began his medical career as the associate of the immortal Jenner; he lived in his house, and materially assisted to propagate his great doctrine of Vaccination. You will therefore fully appreciate the evidence of a gentleman so distinguished in the history of medicine. From a letter which I received from him in January 1840; I shall read to you a passage or two:—

"In April 1835, our acquaintance and free communication commenced; and though I pricked up my ears, like one thunderstruck, at your wholesale denunciation of blood-letting, and your repeated asseverations, that in a practice embracing the treatment of several thousands of patients per annum, you never employed a lancet or a leech,—your assertions made an impression, though it was slowly and reluctantly received." That it strengthened by time, Gentlemen, you will see by the next extract.—"Nothing can be more striking than the great disparity between the proportion of persons who were bled in the two first years of my Ross practice, 1834 and 1835, (in which latter year I first became acquainted with your views,) and the three following years, 1836, 1837 and 1838. In the former two years, I bled one in seven, in the fourth only one in twenty-eight—and in the fifth year I bled none! The year 1839 is now concluded, and again in all that time I have not bled a single individual!"

"Your crime is, that you are before the age in which you live. If you had done nothing else but put a bridle upon Blood-letting, you would deserve the eternal gratitude of your race, instead of the calumny and oppression of the two-legged fools—the Yahoos, who persecute their greatest benefactors. But how can you expect to be more fortunate than your predecessors in this respect? The health of Sir Humphrey Davy was affected by the ingratitude of his country. 'A mind,' said he, 'of much sensibility might be disgusted, and one might be induced to say—why should I labor for public ob-

jects only to meet abuse? I am irritated more than I ought to be, but I am getting wiser every day,—recollecting Galileo and the times when philosophers and public benefactors were burnt for their services.'—Whence is all this? Pride, poverty, disappointment, difficulty and envy—and 'envy,' said Janner to me in his last days, 'is the curse of this country.' These are kept up by the canker of party and the taint of corruption.

"One of the greatest obstacles to reform of blood-letting and blistering, will be the prospective loss of guineas, half-guineas, five shillings and half-crowns. I saw a farmer last summer come into a druggist's shop.—Some one had told him 'he must be cupped,' so he drove a bargain, and stepped into a back room. 'That fool,' said I, 'does not want cupping.' 'He does not look as if he did,' said the druggist, 'but we can't afford to let him go without.'"

Gentlemen, the next two communications are from an army medical officer, Staff-surgeon Hume, a gentleman who, from the nature of his duties, has the very best opportunity of testing any particular practice—and one who, were he to give a false report, must be at once contradicted by regimental records. His statements may therefore be relied upon with somewhat greater confidence than the reports which annually emanate from the Medical Officers of Civil Hospitals and Dispensaries throughout England. From the tables of Mr. Farr, we learn, that these officers make the deaths at their institutions infinitely less than the average number of deaths of sick and well throughout the country! so that, if their reports be correct, sickness would appear to be actually a protection against death! Mr. Hume first writes from Dover, 6th December, 1838, "My object in writing is to congratulate you on the moral courage you have evinced in your last two works. I have been now nearly thirteen years in the service—mostly in charge of an hospital, and it will be gratifying to you to know that an old fellow-student adopts and carries out your principles in his daily practice. I have NOT used the lancet these last two years. My cases yield readily to warm baths, cold effusions, emetics and quinine. You may ask me where I have been? Four years in Jamaica, the rest in North America and Home Service. If you had seen Marshall's Digest of the Annual Reports of the Army Medical Officers since 1817, you might have quoted it as a proof of your startling fact—the Unity of Disease. The more I read your book, the more I am convinced it is based on truth, and consistent equally with common sense and

nature's laws. However little this age may appreciate your labors and the persecution you are likely to suffer from a certain class of doctors, every liberal mind must do justice to your unwearied zeal. Your holding up to ridicule the most fatal of all medical errors—bleeding a patient into a temporary calm and incurable weakness, ought to stamp you as the benefactor of mankind."

The same gentleman again writes to me from Naas Barricks, Ireland, 5th December, 1839. "It is now twelve months since I wrote to you, saying that I had not used the lancet for the two previous years;—and I am now more convinced than ever of its utter inutility in the treatment of disease. Every day's experience confirms me in the truth of your doctrines. During the last year, I have neither bled, leeches, nor cupped in any case—and I have not had a single death of man, woman, or child. The depot was never more healthy, and I attribute this principally to my abstaining, during the last THREE years, from every kind of depletion in the treatment of disease. I am satisfied that Pneumonia and Enteritis (inflammation of the lungs and bowels) which are at present the bug-bears of the faculty, are indebted for their chief existence to the remedies used for ordinary ailments—namely, bleeding, starvation, and unnecessary purging. I never saw a case of either (and I have seen many) in which the patient had not been the inmate of an hospital previously, where he had undergone the usual antiphlogistic regimen, or had been otherwise debilitated—as in the case of long residence in a warm climate. I am not surprised at the opposition you meet with. It has ever been the lot of those who have done good to humanity to be offered up as sacrifices at the altars of ignorance, prejudice and obstinacy. It is a fact related by Harvey, he could not get a physician above the age of forty to believe in the Circulation of that Blood whose VALUE in the economy you have so forcibly proved. Although I yield to you, as your just due, the origin of the improved principle of treating disease, I take credit to myself for being one of the first to carry it into effect, and I am doubtful whether a person in private practice could ever so far overcome prejudice as to use the cold bath with the confidence I do in every kind of fever. Its power, together with a warm one, is truly wonderful in equalizing the temperature of the body. When I compare the success of my treatment during the last few years, with that of my previous experience, I feel inclined to curse the professor who first taught me to open the vein with a lancet. Yours most truly,

T. D. HUME.

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ARTICLE I.

Definition of Insanity—Nature of the Disease.

By Insanity is generally understood some disorder of the faculties of the mind. This is a correct statement, so far as it goes; but it does not define the disease with sufficient accuracy, as it is applicable to the delirium of fever, inflammation of the brain, and other diseases which are distinct from insanity.

Insanity, says Webster's Dictionary, is "derangement of the intellect." This is not merely too limited a definition, but an incorrect one, for in some varieties of insanity, as Prichard remarks, "the intellectual faculties appear to have sustained little or no injury, while the disorder is manifested principally or alone, in the state of the feelings, temper or habits."

We consider insanity, *a chronic disease of the brain, producing either derangement of the intellectual faculties, or prolonged change of the feelings, affections, and habits of an individual.*

In all cases it is a disease of the brain, though the disease of this organ may be secondary, and the consequence of a primary disease of the stomach, liver, or some other part of the body: or it may arise from too great exertion and excitement of the mental powers or feelings; but still insanity never results unless the brain itself becomes affected.

In former times, insanity was attributed to the agency of the devil, and the insane were supposed to be *possessed* by demons.—Something of this opinion is still prevalent, and it appears to have been embraced by our Pilgrim Fathers.

Cotton Mather, in his life of William Thompson, thus remarks:—"Satan, who had been after an extraordinary manner irritated by the evangelic labors of this holy man, obtained the liberty to *sift* him; and hence, after this worthy man had served the Lord Jesus Christ, in the church of our New English *Braintree*, he fell into that *Bulneum diaboli*, a black melancholy, which for divers years almost wholly disabled him for the exercise of his ministry."

Still we find this learned and good man saw the connection between the diseased mind and bodily disease, as he thus observes: "There is no experienced minister of the gospel, who hath not in the cases of *tempted*

souls, often had this experience that the ill cases of their distempered bodies are the frequent occasion and original of their *temptations*. There are many men, who in the very constitution of their *bodies*, do afford a bed, wherein busy and bloody devils, have a sort of lodging provided for them. The mass of blood in them, is disordered with some fiery acid, and their brains or bowels have some juices or ferments, or vapors about them, which are most unhappy engines for devils to work upon their souls withal. The vitiated humors, in many persons, yield the steams, whereunto Satan does insinuate himself, till he has gained a sort of possession in them, or at least, an opportunity to shoot into the mind, as many fiery darts, as may cause a sad life unto them; yea 'tis well if self-murder be not the sad end, into which these hurried people are thus precipitated. New England, a country where splenic maladies are prevailing and pernicious, perhaps above any other hath afforded numberless instances of even pious people, who have contracted those melancholy indispositions, which have unhinged them from all service or comfort; yea, not a few persons have been hurried thereby to lay violent hands upon themselves at the last. These are among the unsearchable judgments of God?"

We believe, however, that such opinions are no longer embraced by intelligent persons, who have paid much attention to insanity. By such, insanity is regarded as a disease of the body, and few at the present time, suppose the mind itself is ever diseased. The immaterial and immortal mind is of itself, incapable of disease and decay.—To say otherwise, is to advocate the doctrine of the materialists, that the mind, like our bodily powers, is material, and can change, decay, and die. On this subject, the truth appears to be, that the brain is the instrument which the mind uses in this life, to manifest itself, and like all other parts of our bodies, is liable to disease, and when diseased, is often incapable of manifesting harmoniously and perfectly the powers of the mind.

Insanity then, is the result of diseased brain just as dyspepsia or indigestion is the result of disordered stomach; but it is only one of the results or consequences of a disease of this organ. The brain may be diseased without causing insanity; for although we say, and say truly, that the brain is the organ of the mind, yet certain portions of the brain are not directly concerned in the manifestation of the mental powers, but have other duties to perform. Certain parts of the brain confer on us the pow-

er of voluntary motion, but these portions are distinct from those connected with the mental faculties. Hence we sometimes see though rarely I admit, individuals paralytic, and unable to move, from disease of the brain, whose minds are not at all, or but very little disturbed. In such cases there is some disease of the brain, but of a part not concerned in the manifestation of the mental powers. We recently saw an aged gentleman, who had been for several weeks, paralytic on one side, whose mind was not obviously affected. He died, and on examining his brain, a portion of the interior of one half of the brain was found much diseased, while the outer part was apparently in a healthy state.

From such cases, and numerous other observations, we are quite sure that the outer part of the brain is connected with the mental powers, and the inner portion with voluntary motion. These parts of the brain differ in color and structure. The outer is a greyish red color, and different from every other part of the system, while the inner part is beautifully white and resembles the nerves.

Again the brain appears to be a double organ, or it is divided into halves, or hemispheres of like form and function, and therefore, though one side or one half of the brain may be affected, the powers of the mind may still be manifested by the other.

We may say then, that insanity is an effect of a disease of only a part of the brain—the outer or grey part. In most cases, insanity is the consequence of very slight disease, of a small part of the brain. If it was not so, the disease would soon terminate in death—for severe and extensive disease of the brain soon terminates in death. We see however, numerous instances of insane persons, living many years, and apparently enjoying good health. We have seen several persons who have been deranged 40 and even 50 years, during which time they enjoyed in other respects, good health. On examining the brain after death, in such old cases of insanity, but little disease of this organ is often found, though a little, we believe may always be found; sometimes only an unusual hardness of the outer portion, but in so delicate an organ as the brain this is sufficient to derange its functions, just as a little disorder of the eye or ear, though not sufficient to affect the health, will disorder hearing and vision.

It is as if, in some very complicated and delicate instrument, as a watch for instance, some slight alteration of its machinery, should disturb, but not stop its action.

Thus we occasionally find that violent

mental emotions—a great trial of the affections—suddenly to derange the action of the brain, and cause insanity for life, without materially affecting the system in other respects. Esquirol relates the case of a young lady, who for several years expected to marry a person to whom she was engaged, and much attached. He finally deserted her and married another, on hearing of which she immediately became deranged, and for years remained in this condition, rejecting the attention of all other men, and constantly talking of her former lover, whom she still loved.

In this Asylum is an interesting patient, who became deranged suddenly, three years since, in consequence of the murder of her son. Her whole time and thoughts since that period, have been engrossed in searching and calling for her son, whom she believes to be concealed in the building, or beneath the furniture. Thus she lives in hopes of soon seeing him.

Garrick used to say that he owed his success in acting King Lear, from having seen the case of a worthy man in London, who, when playing with his only child at a window, accidentally let it fall upon the pavement beneath. The poor father remained at the window, screaming with agony, until the neighbors delivered the child to him dead.—He instantly became insane, and from that moment never recovered his understanding, but passed the remainder of his days in going to the window, and there playing in fancy with his child, then dropping it and bursting into tears, and for awhile filling the house with his shrieks, when he would become calm, sit down in a pensive mood, with his eyes fixed for a long time on one object. Garrick was often present at this scene of misery, and “thus it was,” he said, “I learned to imitate madness.”

Sometimes, however, a severe trial of the feelings and affections produces death.

This is not merely the assertion of poets and novelists. Esquirol mentions the case of a young lady of Lyons, in France, who was engaged to be married to a young man of the same place. Circumstances suddenly occurred which determined the parents to prevent their marriage, and the young man was sent away. Immediately on learning this she became deranged. After five days spent in vain efforts to relieve her, the parents, to prevent her death, had the young man recalled, but it was too late—she died in his arms.

In such cases, and we could cite many, death does not occur from apoplexy, nor from the exhaustion following long-continued and great excitement, but from the want

of sleep; the grief is too overwhelming for "poppy or mandragora, or all the drowsy syrups of the world," to medicine to repose.

Such was the sudden insanity and death of Haidee, described by Byron, and so true to nature and so beautifully, that we transcribe it.

"The last sight which she saw was Juan's gore,
And he himself o'er-master'd and cut down;
His blood was running on the very floor
Where late he trod her beautiful, her own;
Thus much she view'd an instant, and no more,—
Her struggles ceased with one convulsive groan.

Days lay she in 't at state unchanged, though chill,
With nothing livid, still her lips were red;
She had no pulse, but death seem'd absent still;
No hideous sign proclaimed her surely dead.

At last a slave bethought her of a harp;
The harper came, and tuned his instrument;
At the first notes, irregular and sharp,
On him her flashing eyes a moment bent,
Then to the wall she turned, as if to warp
Her thoughts from sorrow through her heart re-sent,
And he began a song, low and drowsy,
Of ancient days, ere tyranny grew strong.

Anon her thin, wan fingers beat the wall
In time to his old tune; he changed the theme,
And sung of love—the fierce name struck through all
Her recollection; on her flashed the dream
Of what she was, and is, if ye could call
To be so being: in a gushing stream
The tears run h'd forth from her overclouded brain,
Like mountain mists at length dissolved in rain.

Short solace, vain relief!—thought came too quick,
And whir'd her brain to madness; she arose
As one who ne'er had dwelt among the sick,
And flew at all she met, as on her foes;
But no one ever heard her speak or shriek,
Although her paroxysm drew towards its close.
Hers was a frenzy which disdain'd to rave,
Even when they smote her, in the hope to save.

Food she refused, and raiment; no pretence
Avail'd for either: neither change of place,
Nor time, nor skill, nor remedy, could give her
Senses to sleep—the power seemed gone forever.

Twelve days and nights she wither'd thus; at last,
Without a groan, or sigh, or glance, to show
A parting pang, the spirit from her pass'd."

A little injury of the brain—a slight blow on the head, has often caused insanity, and changed the whole moral character—usually for the worse, sometimes for the better. We have known a most exemplary and pious lady—a most excellent wife and mother, whose mind had been highly cultivated—transformed by a little injury of the head, into one of the most violent and vulgar beings we ever saw, and yet the intellectual powers were not very much disturbed. For a considerable time she continued to take good care of her family, so far as related to household duties, but her love of reading, of attending church, and all affection for her family and neighbors was gone, and she became so violent that her friends were obliged to place her in a Lunatic Asylum. The celebrated Dr. Parry refers to a case in which, to use his own words, "an accidental blow

on the head perverted all the best principles of the human mind, and changed a pious Christian to a drunken and abandoned felon"

Such cases teach us to be cautious and tolerant in instances where change of character and misconduct are connected as to time, with injury or disease of the head, or even with general ill health.

Now and then an injury of the head seems to improve the intellect, and even the moral character. Instances of the former are not very uncommon. The disease or injury of the brain appears to give more energy and activity to some of the mental faculties. This we often see in the delirium of fever. The following very curious case was related to Mr. Tuke, of the Retreat for the Insane near York, England:

"A young woman, who was employed as a domestic servant by the father of the relater, when he was a boy, became insane, and at length sunk into a state of perfect idiocy. In this condition she remained for many years, when she was attacked by a typhus fever; and my friend, having then practiced some time, attended her. He was surprised to observe, as the fever advanced, a development of the mental powers. During that period of the fever, when others were delirious, this patient was entirely rational. She recognized, in the face of her medical attendant, the son of her old master, whom she had known so many years before; and she related many circumstances respecting this family, and others, which had happened to herself in earlier days. But, alas! it was only the gleam of reason; as the fever abated, clouds again enveloped the mind; she sunk into her former deplorable state, and remained in it until her death, which happened a few years afterwards."

Numerous cases are on record where a blow on the head by depressing a portion of the skull has caused the loss of speech, memory, and of all the mental faculties for many months; but which were restored on trephining and raising the depressed bone.

As we have said, sometimes the moral character is improved by injury or disease of the head. Dr. Cox, in his *Practical Observations on Insanity*, relates such cases. We sometimes see the same results from severe illness. Most experienced physicians must have noticed striking and permanent changes of character produced by disease. The insanity of some persons consists merely in a little exaltation of some one or more of the mental faculties of self-esteem, love of approbation, cautiousness, benevolence, &c.

A man received a severe wound on the upper part of his head, after which his mind became some affected, especially as related

often the precursor of intellectual derangement, and if not early attended to, is apt to terminate in incurable madness.

Within a few days we have seen two cases of insanity, both said to be quite recent, but on inquiring particularly of their friends we found that they had noticed a striking change of character for several months before they thought of insanity. In one the change was from being naturally very generous and benevolent, to the opposite extreme of selfishness, and as they expressed it, of stinginess. In the other, the change was from great mildness and amiability of disposition, to that of extreme irascibility and moroseness. Now these persons were not deemed insane until their intellects were disturbed; but we regard the previous change of character as truly the consequence of disease of the brain as the disturbance of the intellect, and this is now the opinion of their friends.

Derangement of the intellectual faculties seldom occasions much dispute—every one easily recognizes it—but not so with derangement of the moral powers. Most persons have seen individuals who are crazy, and consider themselves qualified to judge whether a person is deranged or not, yet on inquiry we find that nearly all expect irrational and incoherent talk from those that are deranged, or wild and unnatural looks, or raving and violent conduct. Their opinions respecting insanity are derived from having seen raving maniacs, and not from observation in Lunatic Asylums; for in the latter may be found many whose insanity consists in derangement of the affections and moral powers, and not in disturbance of the intellect.

Owing to such limited and erroneous views respecting insanity, many persons are not disposed to believe in a kind of mental disorder that may impel men to commit crimes, unless such individuals exhibit derangement of the intellect, or conduct in a manner that they have been accustomed to see deranged persons conduct.

But notwithstanding this common opinion regarding insanity, it is a well established truth, that there is a form of insanity, now called by many *moral insanity*, arising from disease of the brain, which may impel men to commit great crimes, while the intellect is not deranged, but overwhelmed and silenced by the domination of a disordered impulse.

Sometimes insanity seems to arise from some defect of the organs of sense, from change in the nerves of sensation. It is said that in those who are troubled with *hallucinations of sight* or of hearing, some disease of the nerves of the eye or ear is found.

Still, in such cases there must be in addition some defect in the power of comparison, or insanity would not result. Comparison is one of the most important of the faculties of the mind, and the one most liable to be affected in insanity, or in any disease of the brain, as in headache for instance.

Disorder of the nerves of sensation may also lead to insane ideas and conduct. Some have believed themselves converted into inanimate substances. One man thought himself changed into a teapot, another into a barrel which was rolled along the street, and another into a town-pump to which no rest was given day nor night.

Mr. Connolly, in his work on Insanity, tells of a respectable merchant in London who fancied himself metamorphosed into a seven shilling piece, and who took the precaution of going round to those with whom he had dealings, requesting of them as a particular favor that if his wife should present him in payment they would not give change for him.

In all these cases—for they all admit we think, of one explanation—there was some affection of the nerves of sensation, and also some disorder of the faculty of comparison.

In some cases of mental disorder, there seems to be almost complete annihilation of sensation. This is the case with those who believe themselves dead; they feel not, and fully believe that they have ceased to exist, yet such persons will often talk rationally on other subjects. Most of their mental faculties are in perfect condition, and sometimes by exciting some of the most predominating impulses or passions, such persons are cured.

One of the Princes of the Bourbon family of France, imagined himself dead, and refused to eat. To prevent his dying of starvation, two persons were introduced to him, in the character of illustrious dead like himself and they invited him after some conversation respecting the world of shades to dine with another distinguished but deceased person the Marshal Turenne.

The Prince accepted this very polite invitation, and made a very hearty dinner; and every day, while the delusion continued, in order to induce him to eat, it was necessary to invite him to the table of some ghost of high rank and reputation.

Dr. Mead relates, that an *old bell ringer* at Oxford University, imagined himself dead, and ordered the bell to be rung, as was usual on the occurrence of a death at that place. The bell was rung, but in a most awkward and unusual manner; the bell ringer could not bear this, and leaped from his bell, and hastened to the belfry to show how it should

be rung; he then returned to his room that he might die in a proper way, but the exercise and passion proved so beneficial that his delusion was broken up, and he soon recovered.

As I have already mentioned, some persons decidedly insane on some subjects, exhibit greater intellectual power on others during their mental derangement, than when they are sane. The following is an instance.

A general in the French army, who had the entire confidence of Napoleon, and who had been directed by him to superintend some immense military preparations at Boulogne, became much fatigued by his duties, which exposed him most of the day to the hot sun. Suddenly he quitted the work, and accompanied by one of his aids, set off for Paris, announcing on his way that he was the bearer of a treaty of peace with England. He traveled with great rapidity, not allowing himself time to eat, and paid postillions largely to hasten his speed. Arriving at Paris, the public funds rose from this news of the treaty. Not finding Napoleon at the Palace of the Tuilleries, he hastened to St. Cloud, and, in disordered dress, penetrated to the apartment of the Emperor, and announced to him what he alone, of all whom the general had met, knew to be incorrect. In fact, Napoleon was the first to discover his insanity, and committed him immediately to the care of physicians.

The insanity of the general continued through the summer, during which time he wrote comedies and plays which were much admired, and he also conceived or invented an improvement in firearms, and begged to have permission to visit a founder in order to have a model made from drawings he had himself prepared. His physician reluctantly yielded to his request, on his giving his word of honor that he would not go elsewhere. He went and returned, and eight days afterwards went again and found the model completed, and then gave orders for 50,000 models to be made. This order for 50,000 models was the only symptom of insanity that he exhibited during the whole affair. He soon however became worse, then paralytic, and died insane.—But the efforts of his diseased mind have survived him; his writings are still read and admired, and his invention was soon found to be quite an improvement, and has since been adopted in the French armies.

In some cases of insanity, the faculties of the mind are so acute, that it is exceedingly difficult for a stranger to detect the mental aberration. The late Lord Erskine, in his speech in defence of Hadfield, for shooting

at the King at Drury Lane Theatre, in order to demonstrate how cunning and acute in reasoning insane persons frequently are, and consequently how difficult it sometimes is to discover their insanity, referred to the following cases, which we quote in his own words:

“I well remember (indeed I never can forget it,) that since the noble and learned judge has presided in this Court, I examined for the greater part of a day, in this very place, an unfortunate gentleman who had indicted a most affectionate brother, together with the keeper of a mad-house at Hoxton, for having imprisoned him as a lunatic, whilst, according to his evidence, he was in perfect senses. I was, unfortunately, not instructed in what his lunacy consisted, although my instructions left me no doubt of the fact; but, not having the clue, he completely foiled me in every attempt to expose his infirmity. You may believe that I left no means unemployed which long experience dictated, but without the smallest effect. The day was wasted, and the prosecutor, by the most affecting history of unmerited suffering, appeared to the judge and jury, and to a humane English audience, as the victim of the most wanton and barbarous oppression.—At last Dr. Sims came into Court, who had been prevented by business, from an earlier attendance, and whose name, by the bye, I observe to-day in the list of the witnesses for the crown. From Dr. Sims I soon learned that the very man whom I had been above an hour examining, and with every possible effort which counsel are so much in the habit of exerting, believed himself to be the Lord and Saviour of mankind, not merely at the time of his confinement, which was alone necessary for my defence, but during the whole time that he had been triumphing over every attempt to surprise him in the concealment of his disease. I then affected to lament the indecency of my ignorant examination, when he expressed his forgiveness, and said with the utmost gravity and emphasis, in the face of the whole Court, “I AM THE CHRIST,” and so the cause ended. Gentlemen, this is not the only instance of the power of concealing this malady; I could consume the day if I were to enumerate them; but there is one so extremely remarkable, that I cannot help stating it.

“Being engaged to attend the assizes at Chester, upon a question of lunacy, and having been told that there had been a memorable case tried before Lord Mansfield in this place, I was anxious to procure a report of it, and from that great man himself (who within these walls, will ever be

reverenced, being then retired in his extreme old age, to his seat near London, in my own neighborhood) I obtained the following account of it. 'A man of the name of Wood,' said Lord Mansfield, 'had indicted Dr. Monro, for keeping him as a prisoner (I believe in the same mad-house at Hoxton) when he was sane. He underwent the most severe examination by the defendant's counsel without exposing his complaint; but Dr. Battye, having come upon the bench by me and having desired me to ask him what was become of the Princess whom he had corresponded with in cherry-juice, he showed in a moment what he was. He answered that there was nothing at all in that, because having been (as every body knew) imprisoned in a high tower, and being debarred the use of ink, he had no other means of correspondence but by writing his letters in cherry-juice, and throwing them into a river which surrounded the tower, where the Princess received them in a boat. There existed, of course, no tower, no imprisonment, no writing in cherry-juice, no river, no boat; but the whole the inveterate phantom of a morbid imagination. I immediately, continued Lord Mansfield, 'directed Dr. Monro to be acquitted; but this man, Wood, being a merchant, in Philpot Lane, and having been carried through the city in his way to the mad-house, he indicted Dr. Monro over again, for the trespass and imprisonment in London, knowing that he had lost his cause by speaking of the Princess at Westminster; and such,' said Lord Mansfield, 'is the extraordinary subtlety and cunning of madmen, that when he was cross-examined on the trial in London, as he had successfully been before, in order to expose his madness, all the ingenuity of the bar, and all the authority of the Court, could not make him say a single syllable upon that topic which had put an end to the indictment before, although he still had the same indelible impression upon his mind, as he signified to those who were near him; but conscious that the delusion had occasioned his defeat at Westminster, he obstinately persisted in holding it back. This evidence at Westminster was then proved against him by the short-hand writer.'

In a future number we shall resume the subject of this article, and we beg our readers to keep in view the statements advanced in this, as we purpose to refer to them in connection with the Medical Jurisprudence of Insanity, and an explanation of some cases of moral insanity that have much embarrassed both physicians and jurists.

Dr. STEVENS' ADDRESS,

At the opening of the Annual Session of the New-York Medical College: Crosby street.

It is to be regretted that a full and accurate report of this remarkable production has not been laid before the profession and the public. The notices of it which have appeared in the city journals, have been confessedly mere "meagre outlines" of a really rich and elaborate performance. It is, therefore, to the private reports of judicious and intelligent medical gentlemen who heard it delivered, rather than to any other source, that we are indebted for the information which we have received concerning it, and on which we chiefly found our reflections and remarks.

All reports concur in representing that the object and tendency of this Sessional Address, beyond the immediate and temporary occasion which called it forth, were to check the present liberal and humane efforts of many enlightened men to rescue medical knowledge from its inveterate prejudices and trammels, and thus enable it to keep pace with the general intelligence of the age.

Accordingly, the Address proceeded, in the true snuff-colored, old fashioned style, first to claim for medical science, as it now stands, a dignity and maturity rivaling any other; and secondly to deprecate free investigation and progress, under the venerable scare-crow jealousy of "dangerous experiments." The gentleman proceeded to show, says a published report, "that medicine was as much a science as any other known, although not based on fixed principles." How far he succeeded in establishing this amusingly contradictory proposition, we are not publicly informed, but it must evidently have been as difficult an operation as he ever attempted in the whole course of his practice. This done, however, he advanced to his second position, which, according to the same report, was to show that "those who were given to experiments never raised themselves in the profession and were injurious to their patients." And in these two points we have the whole scope, design and intellect of this famous Annual Address.

It becomes, therefore, an important question as to whether the sincerely zealous and talented young men who now throng our medical schools, from all parts of the Union, should be thus misled and retarded in their noble aspirations for true eminence and usefulness in the arduous profession which they have chosen, and in which so awful an amount of responsibility and so vast a field of human interest are necessarily involved. None but bigots will hesitate to admit, that the tendency of such instruction as we have above quoted, is to keep the next generation of medical men at least as ignorant, conceited and mischievous as the present and the past: mere petrifications in the stream of time, while the students of almost every other department of knowledge display a living and athletic career of advancement and renown.

That medicine is not, as Dr. Stevens affirmed, "as much a science as any other known," has been frankly admitted by many men, as distinguished, to say the least, in that profession as himself. Let the ingenious student listen to the opinion of another instructor, the truly eminent Dr. Evans of Edinburgh:—

"How much have we yet to learn, how little do we really know, of the nature and rational treatment, not only of the diseases of the cerebro-spinal system, but of diseases in general! Assuredly, the uncertain and most unsatisfactory art that we call medical science, is no science at all, but a jumble of inconsistent opinions; of conclusions hastily drawn; of facts badly arranged; of observations made with carelessness; of comparisons instituted which are not analogical; of hypotheses which are foolish: and of theories which, if not useless, are dangerous.—This is the reason why we have our homœopaths, and our hydropaths; our mesmerists and our celestialists!"

And as a timely counterpoise to Dr. Stevens' nervous horror of "experiments," injurious at once to practitioner and patient, we would submit the following remarks of the able and honest Dr. G. B. Childs of London.

"The whole science of healing is built upon fortuitous and chance discoveries. Like the alchemists of old, we have discovered a thousand valuable things, where we never thought of looking for them; and while uselessly seeking for talismanic gold, we have lighted on a pearl of great price. Every thing in fact, is presented to us as the result of *experiment*; and, in the treatment of disease, the most valuable remedy can boast of no higher origin than its more humble neighbor.

Dr. Knighton who was at the head of his profession, and physician to George IV—said

"It is somewhat strange that, though in many arts and sciences improvement has advanced in a step of regular progression from the first, in others it has kept no pace with time; and we look back to ancient excellence with wonder not unmixed with awe. Medicine seems to be one of those ill-fated arts whose improvement bears no proportion to its antiquity. This is lamentably true, although Anatomy has been better illustrated, the *Materia Medica* enlarged, and Chemistry better understood."

It would be easy to add the testimony of a great number of distinguished men to the same effect, but it would be useless to do so as the truth of the statements of those we have quoted, is known to every well informed physician. Dr. Stevens, however, steps forth and breasts the whole tide of testimony, and while he admits that medicine is not founded, like all other sciences, upon fixed principles, still obstinately insists that it is "as much a science as any other." Fixed principles being thus unnecessary to medical science, it seems perfectly consonant that he should denounce those "experiments" by which alone fixed principles ever can be, or ever have been established.—We strongly suspect, however, that the Doctor may have other motives of hostility to "experiments" than those which he assigns, for we could, ourselves, refer to some "experiments," of a very singular character which have proved as beneficial to his patients as they may possibly have been injurious to his practice. And there is much less of paradox in this, than in the notion of a science without principles. We have, indeed, no doubt that the "experiments" of

which the following are a few of the results, are among the most objectionable which the Doctor could adduce:—

Many cases of confirmed tubercular consumption, long under the best treatment, known to the anti-experiment, (or anti-injurious-to-patients!) school, and then avowedly abandoned as utterly hopeless, *cured*, within a few months after the “experiments” were tried, directly under anti-experimental observation!

2. Many cases of white-swelling, tubercular disease of the joints—treated and abandoned by science without principles, and rapidly cured by experiments injurious to patients, as above.

3. Violent inflammations of the organs, uniformly reduced in from three to fifteen minutes.

4. The most severe paroxysms of Bilious Fever, with violent pain in the head, back, stomach and intestines, &c., uniformly reduced in from five to ten minutes.

5. Sick head-ache uniformly reduced in from one to ten seconds; and Nervous head-ache in from one to five minutes.

6. Tooth-ache in from one to fifteen seconds.

7. Tic-Douloureux, of the most intolerable severity, in from one to five seconds.

8. Luxation of the hip joint, of four years standing, reduced by three applications of the Rotary Magnetic Machine.

9. *Cum multis aliis*. And we mean by this Latin that Dr. Stevens can have as many more, in plain English, as he could lecture against from this time to the next Annual Session.

MARY DENT AND JOHN GARLAND.

SIR JAMES GRAHAM'S “SURGERY.”

In a recent number of The Lancet, (July 27, p. 562,) we published a short account, extracted from the Times, of a most extraordinary trial which had taken place on the Norfolk Circuit, that of John Garland, surgeon, accused of feloniously killing Mary Dent. The appeal which we then made to our friends residing in that part of the country, for further particulars, has been responded

to, and we are now able to lay a full and authentic account of this strange affair before our readers. In addition to a medical narrative of the case by Mr. Henry Mitchell, of Addenbrook's Hospital, Cambridge, one of the surgeons who performed the post mortem examination, we also publish a letter, which has since appeared in the “Provincial Medical and Surgical Journal,” from Mr. Jones, the surgeon who was first called in by Mr. Garland.

Mr. Henry Mitchell's History of the Case.

The name of the unfortunate patient was Mary Dent, wife of John Dent, of Littleport, in the Isle of Ely, labourer; she was twenty-three years of age, of good health, and robust appearance; she had borne five children and had miscarried once; she was married at a very early age, and became a mother when between sixteen and seventeen years old.

On the 22d day of May last, Mary Dent complained of feeling very unwell; she felt great pain, and vomited occasionally, and being apprehensive of miscarriage, sent off, about eleven o'clock at night, for Mr. John Garland, a person of middle age, who has practised as a surgeon and accoucher, at Littleport, ever since 1816.

It appears that on the day in question, the patient had occasion to lift or drag a sack of flour, containing fourteen stone; it also appears that according to her own account, she was at this time about three months advanced in pregnancy, having menstruated for the last time on the 14th of February.

Upon his arrival, Mr. Garland proceeded to examine the patient by passing his hand and arm into the vagina, intending as he himself expressed it, to “bring the child.” He shortly afterwards made a second examination, whereupon the patient entreated of him to desist, “for he was pulling her entrails out;” and presently Ann Banyan, the nurse, saw hanging out in the bed “a large quantity of entrails, as many as could lie on a large plate.” (I quote her own words as taken down by the coroner.)

When matters had arrived at this crisis, Mr. Garland appeared most anxious for further advice and assistance, and, at his urgent request, a messenger was despatched to Ely, who returned, bringing with him Mr. Jones, of Ely, surgeon.

Upon turning down the bed-clothes, Mr. Jones discovered in the bed a something, which he at first mistook for the umbilical cord, but a more careful examination, convinced him that the protruding mass was small intestine, depending from the vagina.

Upon a minute inspection, he ascertained that the intestine was completely detached from the mesentery, throughout its whole length and that it was extensively lacerated; the *distal* portion being torn completely across, that is, its whole diameter being completely divided, whilst the *proximal* portion was lacerated, so as to be very nearly divided. Under these unfortunate and perplexing circumstances, Mr. Jones was of opinion that any attempt to save the intestine would prove useless; he therefore passed a ligature around the intestine, above the *proximal* laceration, and close to the vagina, and cut off all the intestine below the ligature; the intestine, so cut off, measured nineteen feet six inches. Mr. Jones then took his departure stating his belief that the patient could not survive many hours.

All this occurred between four and seven o'clock on the morning of the 23d of May. Shortly after the departure of Messrs. Jones and Garland, the fetus was found in the bed; it appeared a fetus of about three months. About twelve hours after the application of the ligature, the bowel above the ligature became very distended, and ultimately burst. Subsequently, the nurse, Anne Banyard, removed about half-a-yard more of intestine, without any medical man being present; she cut it off, and she did so, "because it became very black and was very offensive."

The poor woman lingered seventeen days, and expired suddenly and at once, whilst attempting to raise herself up in bed, on the 8th day of June. During this period she did not suffer so acutely as might have been imagined; for three or four days the stomach rejected every thing, but latterly it became much less irritable; her skin was cool, her pulse rarely above eighty, her countenance natural, and she complained of no pain, neither was there any appearance of hæmorrhage. She took a little simple sesqui-carbonate of soda as medicine, and weak gruel or chicken-broth as diet.

I was instructed to make a post-mortem examination about forty-eight hours after death. The following is the result of the examination:—

A very marked flatness and depression was observable between the two ilia; over the whole abdomen the bodies of the vertebræ could be more distinctly felt than naturally they should be; the external parts of generation and the perinæum were very much excoriated. There was nothing else worthy of note about the trunk.

Upon opening the abdomen, the liver was ascertained to be healthy, as also the stomach. The omentum was offensive, black, gangrenous, and adherent to the arch of the

colon, and to the small intestines generally; this adhesion was more marked from the symphysis-pubis to the right than to the left iliac region.

The colon appeared shrunken and contracted, and was so adherent to the omentum throughout the extent of the ascending and transverse portions, that the omentum and colon might be turned back together; the whole of the ascending portion of the colon was in a state of complete gangrene; over the region of the cæcum a small and circumscribed collection of matter was found, and it appeared as if, in this situation, the small intestines had been separated from the large; the descending portion of the colon and the rectum were not in so diseased a condition.

About *two yards* only of small intestines remained in the abdomen, these, towards the lower portion were very gangrenous, and upon tracing them downwards it was discovered that they were very adherent in the right iliac region, and that in this situation they dipped downwards and inwards to the right of the uterus, and became attached, by their lower margin, to the borders of an opening found in the right side of the vagina; the small intestines appeared to terminate in the vagina, for they could not be traced onwards to the large.

The mesentery was gangrenous, and had been torn in two or three places.

In the vagina was found in the upper part and on the right side, a laceration sufficiently large to admit two or three of my fingers; this laceration was found to communicate with, and to lead into, the above-mentioned depending portion of small intestine, so that the fingers could readily be passed from the vagina into the small intestine; the vagina on the *left* side was healthy and unruptured.

The uterus was normal in size and appearance, and what perhaps is rather singular, did not exhibit any traces of recent impregnation.

The bladder was healthy, so were the lungs, and so was the heart.

Defence by Mr. Garland's Counsel.

Mr. O'Malley addressed the jury on behalf of the prisoner in a speech of great eloquence and power. He began by adverting to the spirit in which the prosecution had been got up, which he characterized as one of professional jealousy and revenge. An unfortunate interpolation in the evidence of Mr. Stevens, to the effect that he had generally found the prisoner an ignorant man, he denounced in terms of severest and most indignant reprehension. He analyzed with much acumen the evidence of Mr. Jones, and was not less severe upon him than he

had been upon Mr. Stevens. Talk of rashness, forsooth! Why, here was a man who, with three minutes consideration, performed an operation which he confessed destroyed every possible chance of life. Whatever might have been the result before the cutting off the protruding intestine, at any rate, according to the witness's own showing, there was no hope—no chance whatever after that operation. And who was to say what was the state of things when Mr. Jones first examined the woman? He confessed that he knew not what the extraneous substance was when first he saw it; he thought it was the umbilical cord; might not his handling of it have produced the holes and lacerations spoken of? The learned gentleman argued that most likely the rupture in the vagina had been occasioned by the lifting of the flour—that the prisoner, like Mr. Jones, had mistaken the intestine protruding from the aperture for the umbilical cord—and that at best he had been guilty of an error, and that medical men were liable to errors every day of their lives. Hundreds, nay thousands, were annually killed by the errors of medical men, it was impossible it could be otherwise; but they were not to be indicted for manslaughter for mere errors. Mr. O'Malley made a most forcible appeal to the feelings of the jury.

The jury found Mr. Garland GUILTY, and he was sentenced to one month's imprisonment.

Académie de Médecine, Paris.—July.

CASE OF SUB-PUBIC LITHOTOMY, (HIGH OPERATION.)

M. Segalas presented to the academy two vesical calculi which he had recently extracted from two old men, by the high operation. One of them was of the form of a kidney, of extreme hardness, and weighed 135 grammes (4 oz. 4 dr.); its circumference was nineteen centimetres in one direction and fifteen in the other. The patient who bore it was a priest, residing in the department of the Loire. Its presence had been overlooked by an hospital surgeon who first examined him, but was subsequently discovered by another practitioner, when he was sent to Paris, to M. Segalas. On examining his patient, M. Segalas easily discovered a very hard and voluminous calculus. He has already several times found stones of this description in country priests on whom he has operated, a fact to which he attributes to their being far from surgical assistance, and allowing the stone to acquire a large size before they leave their homes for advice. At the urgent request of the patient, M. Segalas made three attempts at lithotrity, but not succeeding in

breaking the stone, the pains becoming very violent, and fever setting in, he proposed an operation, which was accepted with resignation, supported with courage, and followed by complete success. The cure was obtained without the slightest accident. After the extraction of the stone, which was easily accomplished, although the patient was very corpulent, a siphon-sound was established, and under its influence the urine escaped nearly always by the ordinary channel.—The wound was completely cicatrized in a month.

The other calculus was not so large, and only weighed 68 grammes. (2 oz. 2 dr.) Its form was that of a full wheel. The patient was an old man, sixty-five years of age, a shoemaker. The sub-pubic operation was also performed, and the stone easily extracted. Lithotrity had previously been tried once. The siphon-sound was introduced, but occasioned so much irritation that it was withdrawn on the fifth day. Nevertheless, urine only issued from the wound on the twelfth day. The patient was then sounded every two hours; he subsequently sounded himself when he felt the desire, and the cure was completed on the 20th day.

EXCISION OF THE SPLEEN.

M. Berthet, of Gray, related a case of excision of the spleen. An individual received, in a quarrel, a cut with a knife in the left side. Eight days after the accident, M. Berthet, on being called in, found a considerable tumour formed by the spleen, which exhaled a strong smell of putrefaction. He excised the tumour, the surface was methodically dressed for some time and healed. The patient lived more than thirteen years afterwards, and his digestions were always accomplished with ease, which seems to prove that the spleen is not more necessary to life in man than in the animals from which it has been excised of late by vivisectioners. This individual died of pneumonia. Only a very small portion of the spleen, as large as a nut, was found; it was applied on the external parietes of the stomach.

Academy of Sciences, Paris.—July.

PSEUDO-MEMBRANOUS INFLAMMATION OF THE BLADDER PRODUCED BY BLISTERS.

M. Morel-Lavallee stated that although, generally speaking, cantharides applied to the skin exercise no influence over the bladder, they sometimes develop in that organ, owing to individual peculiarity, an inflammation similar to that produced on the skin, and accompanied by the formation of false membranes. The size of the blister appears to

have a considerable influence over the occurrence of these accidents. In the three cases which M. Morel Lavallee gave, the blisters were very large. One had been applied near the bladder on the hypogastric region; the others had been applied at a considerable distance on the head and the chest. The false membranes are sometimes small, thin, with an irregular festooned margin, whilst sometimes they are as large as half a playing card. In the first instance they are of a greyish-red colour, striated with streaks of blood; in the other they are of a dull-white colour on the non-adherent side, rosy on the adherent one. In one case in which M. Fidal de Cassis was able to examine the bladder after death, its internal surface was red and swollen, like the conjunctive in blennorrhagic ophthalmia. The symptoms are those of ordinary cystitis. It is worthy of remark that in the cases observed by M. Morel-Lavallee, the blister had been powdered with camphor. In the treatment of these cases M. Morel advises vesical injections of emollient fluids, along with poultices refreshing drinks, &c., at the same time he takes off the blister.

PATHOLOGY.

A CASE OF ACUTE TUBERCULOSIS OF THE MEMBRANES OF THE BRAIN, THE LUNGS, AND LYMPHATIC GLANDS.

Observed by Dr. BRAZIO, Assistant Physician to Dr. SKODA, of Vienna.

From the British Journal of Homœopathy.

[We give the full details of this cure, of a pure and very interesting disease, and would wish to direct the attention of practitioners to it; for, from the difficulty of the diagnosis, it is not improbable that it is often confounded with other diseases, which it not unfrequently simulates. At the Homœopathic Hospital of Vienna, we had an opportunity of observing a case of acute tuberculosis, which so closely resembled the typhus fever of the Continent, that it was impossible to distinguish the difference. Even the most celebrated diagnosticians admit their incompetency to the task. A notice of the disease will be found in a paper on "The Pathology of Typhus," at p. 342 of the Edinburgh Monthly Journal of Medical Science for 1842.]

B. A., aged 28 years, by trade a gunsmith, a native of Hungary, of a muscular and robust frame, a pale complexion, and described to have been previously healthy. For six weeks, the patient complained of severe and constant headache, particularly over the region of the eyebrow, and the forehead, which

deprived him altogether of rest, and rendered him quite unfit for any hard work. Until now he had not sought any medical aid, and on his entering the "General Hospital" here, upon the 2d of October of this year, the symptoms he presented were as follows: The only morbid symptom which the patient complains of, is severe pressive pain in the forehead and in both eyebrows, which is not increased by any amount of pressure on the part, and never varies in degree. There is nothing else of a morbid character discernible; the forehead does not feel unnaturally hot, and nothing abnormal can be detected in the eyes, ears, or face. From the mouth there comes a most offensive smell, the origin of which cannot be discovered; the tongue is covered with a very thick; white, adherent coat; there is loss of appetite and thirst; the chest is normal; the abdomen, in its whole extent, sensitive on strong pressure. The stools present nothing unnatural; the temperature of the skin is not raised; the pulse is slow and regular. The patient feels not so much exhausted as giddy, especially on rising. An acidulated drink was ordered, and no diagnosis was pronounced.

The 4th.—The pain remains the same in every respect; the countenance is somewhat flushed; there have been two stools; the patient feels weak.

The 5th.—No change. A blister was applied behind the ear.

The 9th.—The pain is still terrible; the smell from the mouth continues; there is no appetite. Neither the mental powers, nor the power of voluntary motion are at all affected. Cold embrocations were applied to the brows.

The 11th.—The weakness has increased; the patient cannot sit up in bed. The headache is still most severe, especially in the supraorbital region; there is a slight cough, with a little mucous expectoration.

The 12th.—Still dreadful headache, constipation, dysuria: the pulse more rapid than natural. The patient has several times vomited small quantities of thin greenish-yellow fluid. There is unnatural sensibility of the abdomen; no alvine evacuation, nor any passage of urine.

The 13th.—No more vomiting; the patient lies with his eyes constantly closed; no consciousness of any thing; pressure on the eyebrows and forehead excites no pain. He cannot swallow; and there have been no evacuations.

The 14th.—Hydrocephalic symptoms have developed themselves; the right eyelid perfectly paralyzed, its pupil manifestly dilated; consciousness, sensibility and power of voluntary motion entirely suspended; the mouth is open at its right side; the breathing is

molliusculam, tenuem vidi et modice quasi slow, stentorinous, and difficult; no cough. The temperature of the skin fallen; the pulse very rapid; no stool, nor any urine passed. Death ensued on the night of the 14th of October.

DISSECTION.—The body was of strong osseous build, and very muscular; the pupil of the right eye dilated; the neck and the limbs rigid; the thorax arched; the skull compact; some cragulated fibrine in the sinuses. The arachnoid vascular; the *pia mater* on the left side, especially along the sinus, and to a much larger extent on the right side, in the temporal region, was permeated (durchwept) by an exudation, partly hæmorrhagic, but more yellow, granulated, tuberculous, around which it was soaked by a greenish yellow serum. The substance of the brain was soft; in the ventricles there was half an ounce of grey turbid serum; the choroid plexus was pale; the *dura mater*, at the base of the skull, was irregularly infiltrated with serum, especially around the decussation and infundibulum.

The neurilema of the optic nerve and of the *motor oculi* was vascular, that of the *motor oculi* was injected, of a dark red colour, at the part between where it leaves the brain, and where it penetrates the skull. The left lung was free, the right one was firmly united at the top to the parietes of the chest; the substance of both did not collapse. Pale, with little blood; at the top of the right upper lobe, there were calcareous tubercles, surrounded by condensed tissue of the lung; at the lower part, as well as at the top of the left upper lobe, groups of grey fresh tubercles, the size of a millet or a hemp seed. The liver was pale, with little blood; at its inferior margin an old acephalocyst, the size of an egg. The mesenteric glands around the pancreas were converted into a cheesy mass, the size of an egg. The spleen and kidneys firm; the bladder distended, and containing more than two pounds of urine.

OSTER. MED. WOCHENSCHRIFT, No 46.

The tuberculous character of this case, could have been determined in a moment by the magnetic symptoms, like every other case of typhus fever.—*Editor*.

The Researches of M. Jobert (De Delamballe) on the Structure of the Uterus.

Mr. Jobert, surgeon to the Hospital St. Louis, is an enlightened and conscientious observer, whose labors seldom fail to throw light on the subject which he studies. We extract the subjoined account (condensed) of his researches of the anatomy of the uterus

from M. Malgaigne's "Journal de Chirurgie," one of the best conducted French periodicals of the day.

The uterus is generally considered to be formed of proper tissue, of two membranes, of numerous vessels, and of cellular tissue uniting these elements.

The existence of subperitoneal cellular tissue uniting the abdominal serous membrane to the uterine tissue, is generally admitted. This cellular tissue which is said to entirely surround the uterus, is considered by some authors to present the physical characters of yellow fibrous tissue, and by others to be susceptible of muscular transformation during pregnancy. My researches, says M. Jobert, have shown me that there is no cellular tissue or yellow fibrous tissue underneath the peritoneal covering of the uterus. Cellular tissue, on the contrary, is evident, at all periods of life, round the Fallopian tubes, the round ligaments, the ovaries, and a part of the uterine neck. The peritoneal serous surface is elsewhere joined to the entire extent of the uterine substance by muscular fibres, so adherent that it is difficult, except near the neck, to separate it from them without bringing some of them away. When this separation is effected on the posterior surface of the uterus, the torn fibres present a longitudinal disposition. On the anterior surface, on the contrary, the fibres appear transversal and oblique. At the fundus of the organ their direction varies, and cannot be always ascertained. This union of the peritoneum and of the body of the uterus is also evident in the female of the monkey, in the sow, the ewe, and the mare; in these animals the cellular tissue is abundant round the vagina, and in the large ligaments. The adhesion between the peritoneum and the cornea of the uterus is also effected by muscular fibres.

I think, therefore, that we may establish as a law that the peritoneum is connected with the proper tissue of the uterus, in woman and in animals, by muscular fibres, never by cellular tissue or by yellow fibrous tissue, and that cellular tissue, in the entire animal series, is the means of union between the peritoneum and the neck of the uterus, the vagina, and the large ligaments. I have never found any trace of cellular tissue in the proper substance of the uterus.

Is there a mucous membrane on the internal surface of the uterine cavity? Most of those who have submitted its existence have done so more on the strength of analogy than from anatomical evidence. Rœderer is the only author who really appears to have anatomically seen it. He says "I have seen an internal membrane, rather soft, thin and apparently villous (*membranam internam*,

villosam.") But the most celebrated modern anatomists have sought in vain for it, and if they admit its existence at the end of pregnancy, it is as a newly formed membrane. The numerous experiments which I have performed appear to me to demonstrate its existence. The principal obstacle to its anatomical demonstration is the absence of cellular tissue between the mucous membrane and the proper tissue of the uterus, whence results, as it were, the fusion of the two parts. Nevertheless, a longitudinal or transversal section of the uterus shows a very thin layer, distinct from the proper tissue, the surface of which is remarkable from its polish and its coating of mucous. Maceration renders the presence of this layer still more evident. If the opened uterus is placed in very pure water the villosities of its surface become evident, but disappear after a lengthened maceration. At this period flakes may be raised belonging to the mucous membranes underneath which there appears a rugous uneven surface. In the female of the monkey I have found the uterine mucous membrane still more evident, and by boiling I have been enabled to raise a thin pellicle which appeared to me a delicate epidermis. This membrane contained follicles both in the neck and in the body.

The lacunæ, which are few in number on the internal surface of the body of the uterus, and which are rendered visible by maceration become more numerous on the internal surface of the neck, and there form a series of cavities, the extent, direction, number, and diameter of which vary at different periods of life, according to whether the woman has had children, or has suffered from uterine disease. These cavities are, as it were, the rudiments of follicles, and constitute another proof of the existence of the mucous membrane. The younger the subject is, the more numerous are the lacunæ. There are scarcely any to be found in women who have had children; these women present uneven prominences which appear to be constituted by the reunion of several of these lacunæ, or by the cicatrices which follow their rupture. The lacunæ situated near the external orifice of the uterine neck approximate more to the character of sebaceous follicles. They form a small sac, provided with a neck and an orifice which pours out the secreted mucous. When these follicles become obliterated the mucous collecting forms real cysts.

The structure of the substance of the uterus is still a debated point. Some look upon the uterine tissue as a special tissue, without analogy in the economy, others as a tissue of muscular nature, others maintain that it contains fibrine, and can be transformed into a

muscle, but that it belongs to the yellow tissue. The possibility of the transformation of fibrous yellow tissue into muscular tissue is denied by M. Blainville and many others; moreover chemistry shows us that fibrous yellow tissue never contains fibrin, whereas fibrin is always found in the uterus at all periods of life. This fact alone proves the muscular nature of the uterus. M. Caven-ton, at my request, analyzed the uterus of a young girl of seven or eight years of age, and found it completely fibrous, and absolutely free from gelatin. I, therefore, think I am warranted in stating that the uterus is formed by muscular tissue at every epoch of life, and that the uterine muscular fibres merely become more evident during pregnancy. The diversity of opinion which has hitherto existed is to be attributed to the arrangement of the fibres, to their extreme tenuity, and principally to their intimate connection with each other owing to the complete absence of cellular tissue. As regards the arrangement of the fibres, the greatest anatomists have failed to determine it with precision. Vesalius and Malpighi gave up the attempt. Ruysch describes an orbicular muscle, Hunter, layers crossing each other. Madm. Boivin recognized an anterior and posterior longitudinal layer, passing from the fundus to the neck; anteriorly and posteriorly three layers of transversal fibres, which lose themselves in the Fallopian tubes, the ligaments of the ovaries, and the round ligaments; two circular layers deeply situated, the centre of which correspond with the orifice of the Fallopian tubes; lastly, a thin layer near the internal surface.

I have examined the uterus in the entire animal series with the greatest possible care, and think I am able to assert that it is formed of *one muscle*, the fibres of which, arranged in layers, present the following direction:—

The longitudinal superficial fibres, which may be called median from their position, are seldom seen on the anterior surface, but are constantly met with on the posterior, where they constitute two thin superincumbent layers.

1. Posteriorly, they begin at the fundus of the uterus, and end at the uterine extremity of the vagina, to which they become attached, with the exception of some few that terminate on the neck, above the opening of the vulvo-uterine canal. They adhere by one surface to the peritoneum, by the other to the oblique fibres.

2. The anterior superficial fibres do not pass along the entire extent of the uterine parietes, but cross each other before they arrive at the round ligament of the opposite

side. Some contribute to form it, whereas others pass behind and terminate on the lateral regions, where they cross also those of the posterior region.

3. There are other superficial fibres, only evident during pregnancy, which are destined to the Fallopian tubes and to the ovarian ligaments. Some, originate at the fundus of the uterus, unite to those which contribute to form the Fallopian tubes, and pass on to the anterior part of the ovarian ligament. Others, more numerous, originate from the posterior surface of the fundus of the uterus, and pass on to the same ligament. Lastly, a few transversal fibres from the posterior surface form its inferior part. The numerous fibres which pass on to the Fallopian tubes originate at the fundus of the uterus, and form a thick fasciculus, which divides into two secondary fasciculi destined one to the ovarian ligament, the other, more voluminous, to the Fallopian tube. Some fibres separate from the common fasciculus, and lose themselves, in the cellular tissue which separates the Fallopian tubes from the round ligament.

The deep fibres are very visible when the uterus has undergone rather lengthened boiling. They all evidently present a semi-circular direction, are rather oblique, and only differ from those above described by their smallness, and by their belonging exclusively to the body and to the neck of the uterus. They cross each other on the median line anteriorly and posteriorly, as also on the sides, so as to produce a kind of net-work. Their thickness varies as they approximate the internal surface of the uterus, where they appear to describe circles exterior to the internal membrane. There are annular fibres along the Fallopian tubes, which do not entirely encircle it, and are deep seated. Lastly, the blood-vessels are encircled by fibres, similar to the deep muscular layer which surrounds the intestinal canal.

The uterine neck is formed by fibres which constitute semicircles, and decussate without mingling. This semi-circular arrangement is more evident in women who have had children than in others. Do the fibres of the neck mingle with those of the superior portion of the vagina? It has appeared to me that the vagina attaches itself to the proper substance where the mucous membrane passes from the neck itself to the os tincæ. This insertion terminates abruptly anteriorly; posteriorly, on the contrary, it is continuous in every case with the longitudinal fasciculus. From the above data we may draw the following inferences:—

1. The proper tissue of the uterus is not fibrous yellow tissue, but muscular tissue, and that at all periods of life, and in all animals.

2. In pregnancy the uterus is merely in a state of muscular hypertrophy.

The uterus is formed by one muscle and not by several.

4. There exists an uterine mucous membrane, but without epithelium.

5. The direction of the uterine fibres shows how they act in freeing the uterus from its contents. The longitudinal layer of fibres, which originates at the fundus, and is inserted into the neck and vagina, tends to diminish the length of the uterus; while the semi-circular fibres by their action diminish its cavity in every sense. The longitudinal and annular fibres of the Fallopian tube explain the mode of progression of the product of conception, and those which surround the uterine vessels appear to diminish, by their contraction, the rapidity of the circulation, and to prevent hæmorrhage during parturition.

Camphor a Preservative of Ergot of Rye.

To the Editor of THE LANCET.

Sir,—I was not a little surprised to read some remarks by Mr. Rawle, stating that he had discovered camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner described by him. I order the camphor to be mixed with the powdered ergot in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this either as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner, also at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been engaged in the same gentleman's practice.

If you think the above worthy of notice you will oblige, Sir, yours respectfully,

JOHN M. SIMPSON, M.R.C.S. &c

Staines, August 28, 1844.

The Effects of Tartar Emetic on Young Subjects

Mr. Wilton, of Gloucester, records in the *Provincial Journal*, four cases in which extreme prostration and collapse followed the administration of the ordinary doses of tartar emetic to young persons. Two of them were fatal. We alluded, on a former occasion, to several similar instances of the pernicious effects of this remedy, recorded by Mr. Noble, of Manchester. The recollection of those facts is sufficient to place practitioners on their guard when the use of this remedy is required in the cases of infants or young children.

PRACTICAL OBSERVATIONS:

*Affections of the Spinal Marrow: employment of Ranunculus Bulbosus.**

By FRANCIS BLACK, M. D.

A. R., aged 20, of a bilious temperament, enjoyed good health until he was 16, when he first complained of weakness in the back. About this time, after bathing, he suffered from pain in his back which set in with a slow fever; but he was unable to go about his occupations until the end of 1840. In January 1841, he observed, while bathing his feet in hot water, that he had no sensation in them; at this time the pain in the back had disappeared, and the only thing complained of was loss of sensation; this gradually extended, the weakness increased, and, at last, he was scarcely able to walk.

March 16, the actual cautery was applied for about 9 inches along the spinal column, and after this time he was affected with complete paralysis of the lower extremities. From this period, bleeding, dry cupping, sinapisms, &c. were used, but without benefit.

I saw him first on the 15th February, 1842; he had then been confined to bed for six months. The following was his state:—Paralysis of the lower extremities, hardly any emaciation of the limbs; the flesh seems tolerably firm, the skin is slightly sensible. He is able to flex the left leg a very little, but with great difficulty, and attended with quivering of the muscles. He can scarcely move the right lower extremity.

There is no tender spot along the course of the spine, but there is slight lateral curvature, with acute projection of one of the spines of the dorsal vertebrae; here there is no pain, even upon pressure, but the skin over this place is slightly red.

Bowels costive, requiring constantly aperients. Urine passed freely and easily, although occasionally there is little pain.

Sleeps sound, but dreams a great deal; disposition cheerful.

Cocc. 18-4. ii., [4] m. et n. 2. Up to February 28th, two such doses were administered; the bowels acted four times; no change, except that he feels as if the limbs were beaten, as if after a long walk; sulph. 30-4. ii., [] m. et n. 3. In this way cocculus 18., sil., 18., nux v., 15., and rhus., 6., were given until May, and on the 9th of May there was no change, when he got sil., 18-4. pulv. ii., [6] m. et n. 3.

May 17.—A day after the first powder, suffered from pain in the back, in the part where there is projection of the vertebral spine; it lasted for twenty-four hours, and was not increased by pressure upon the part.

From this time there was a gradual increase of motion and sensation, Rept. June 1st.—Considerable improvement; he is able now to put one leg over the other, and with his feet to push off the bed clothes; sil., 6-4 [4] m. et n. . From June 8th to 20th he received, for other symptoms which had shewn themselves, calc., 18.; bell., 6., and sulph., 6. June 25th.—Continued improvement; sulph. On July 3d, the silex was again resumed, and continued until Septem. 23d, with, however, frequent intervals, during which no medicine was given.

September 23d.—Has now for a month been able to move about; walks pretty well. From this time he continued steadily to improve, but, as a precaution, moved about the room in a machine such as children are sometimes put into on first learning to walk. This he soon laid aside, and completely recovered under the daily use of occasional doses of sulph., calc., nux v., sil., and the administration of cold sponging, and latterly the shower bath. Some six months after this, he was again troubled with pain along the spine, and weakness of the limbs, but this soon yielded to the administration of silex. There now remains an acute projection of one of the dorsal spines.

The above case we believe to have been an affection of one or more of the bodies of the dorsal vertebrae of a scrofulous character, and that the paralysis arose either from inflammation or irritation, extending to the spinal column. We believe that the use of the actual cautery added to the already existing evils, by increasing the irritation, and thus rendering the paralysis of the limbs more complete.

The case is interesting, as shewing the beneficial influence of silex in a disease which, according to one of our best surgical authorities, "proves extremely obstinate or rather always incurable, at least with such few exceptions as hardly deserve to be mentioned." We cannot suppose that the successful termination was attributable to rest, and the horizontal position. *First*, Because these means had been previously tried for a considerable time without any benefit. *Second*, Because the improvement became apparent only after the aggravation caused by the silex; and during the treatment we observed much more evident effects from the silex than from any of the other remedies.—

Third, Because we have, in several instances, seen similar good effects follow the administration of silex in affections of the spinal cord. We recollect, at present, two cases of children, where the benefit was very marked. The one, a child aged 2 years, of a strumous diathesis, was unable to stand

* Bulbous Crowfoot.

or walk, the lower extremities were thin and flabby, hanging down as if powerless; no loss of sensation; appetite pretty good, and the evacuations natural and regular.

Silex 18, was administered in solution, at various intervals, for a month; towards the end of the month, the muscles of the lower extremities became firmer, and the child could stand a little; the sil. was continued. In six weeks the child could stand well, and walk a little; and before three months had elapsed, the child could walk perfectly. In the other case, the inability to stand or walk was not so great; this child also perfectly recovered under the use of silex.*

Paralysis, principally of the lower extremities.

M., a middle-aged healthy person, of temperate habits, has suffered for twelve years, from palsy. He attributes it to a fall when hunting, but at no time suffered from pain in the region of the spine; the disease came on gradually, and notwithstanding that every possible measure has been tried, the palsy has not diminished. The following was his state when seen by me in December 10th, 1842:—The patient is well made, and of a healthy appearance; he complains of weakness, especially of the lower extremities, from the hips downwards. Stands with the greatest difficulty, and only by leaning the weight of the body upon the arms. Is able, when setting, to move the legs about but cannot place them firmly upon any thing; for example, if placed upon the fender, he cannot retain them there, they immediately drop down. The lower extremities are colder than other parts of the body, and deficient in sensation. Has complete control over the upper extremities, but deficient sensation in the fingers; feels, on grasping any thing smooth, as if its surface were rough. Bowels kept regular by a lavement of simple water. Urine passed easily.

Very liable to spasms in various parts, especially in the lower extremities.

Has amaurosis of the right eye.

Cocc. 6-4. pul. ii., [4] m. et n, 3.

December 22d. — The sensation is more perfect; feels more power in the lower extremities; suffered a good deal from shooting pains in parts where he had not previously felt them. Cont.

January 7th. — Continued improvement; is able to place his feet upon the fender, and retain them there. Until the 30th, he received two more doses of cocc.; but on the 31st, he retrograded considerably; rhus. [] was then administered, but with little good. On the 6th February he got silex [], this

was continued until the end of the month, and under its use he was in the same state as on January 30th. During the month of March he received alternate doses of sil. [] and cocc. []; by the end of this month he had considerably improved; the gritty feeling had left his fingers, the sensation had returned to his legs; going between two rows of chairs, he could walk backwards and forwards for a distance of 18 yards. *He could see well* with the right eye; the cramps had almost ceased. During April he received sil., and cocc., but principally the latter, and continued daily to gain ground. May the 2d, has been out, and with assistance, and sitting down, has been able to walk a quarter of a mile; and by the end of the month he could walk half a mile, though with difficulty, and always supported, and mount to the top of a flight of long stairs. To the end of June he received nux v., sil., and cocc. [] alternately, and continued steadily to improve. In July, however, he lost ground, and though the same remedies were used, as also rhus, oleander, agaricus, and sulphur, he from day to day became worse; without any assignable cause, and by the month of September was nearly in the same state as when I first saw him. The patient then became dispirited, and gave up the treatment.

This liability to relapse we recollect to have observed in two cases, both of them in elderly men, who suffered from palsy, not depending however upon spinal disease, as in the case above detailed, but following an apoplectic attack. Under the use of cocculus, which at first produced sharp shooting pains in various parts of the body where palsied, and where the patient had not suffered previously, they improved considerably in two months, and gave great promise of being cured: but before four months had elapsed, they gradually got worse; the one we lost sight of, the other resisted all the other means employed.*

Diseases of the spine, when affecting a great portion of the spinal marrow, are extremely unmanageable. We have not, and we have treated several, seen a single case; where the disease had so far advanced as to cause *great general disorder* and *partial palsy*, yield to treatment.

Nor does the first case we have given form an exception; for, in it, the palsy evidently depended upon the irritation of a diseased vertebra, but the cases, the prognosis of which we state to be unfavorable, are those in which there has been at first acute or chronic inflammation, which has probably

* These were all cases of tubercular disease of the spine.—Editor.

* This was a case of tubercular disease of the brain and not of the spine as the Dr. guessed.—Editor.

led either to rammollisement or some other structural change.

This obstinacy is what we might almost have been led to expect, when we consider that Homœopathic practitioners are rarely at present consulted until the poor patient has been bed-ridden for years, and undergone the most violent treatment. The prognosis is also more confirmed when we know, that, though the affection may not have commenced in some organic change, the long-continued disease and *treatment* will produce it. But, though hitherto unsuccessful, we do not despair of succeeding in recent cases of this disease: and our hopes are principally founded upon the great benefit which follows the administration of our remedies in similar cases, but confined to a smaller portion of the spinal marrow or its coverings. For example, we have seen great good follow the administration of *ars.*, *nux v.*, and *lach.*, in cases of dyspnœa, cough, pain in the chest and palpitation, which were distinctly referable to irritation in the upper dorsal portion of the spine; spasms, pain in the bowels, and gastrodynia depending upon the same cause, relieved by *nux.*, *v.*, *cocc.*, and *veratr.*

The alternate use of the above medicines, together with *sil.*, *sulph.*, *calc.*, and *bell.*, are frequently attended with great relief to the patient. Even in advanced cases, the pains in various parts of the body, the disorder of the stomach, and costiveness, which is a frequent symptom, are frequently relieved by these remedies. The subject of costiveness reminds us of a case of a young lady who had been unable to walk for a long time, owing to a spinal affection; when we saw her she had recovered so as to be able to walk across the room; but it was especially for the excessive costiveness that the aid of Homœopathy was asked. She was in the habit of taking every 4th day, two or three colocynth pills; nothing weaker would act; about an hour after taking these, she became always sick; this increased; and before long she was seized with cramp in the abdomen, and vomiting; towards the morning this lessened, and she had an evacuation; all aperient medicine produced the same symptom; and even strong enemata had no effect. Under the use of *nux. v. i.* the costiveness was much improved, so that the bowels, with the aid of an enema of simple tepid water, were moved every 4th day. We at first tried the higher dilutions of *nux.*, and then various other medicines, *sulph.*, *lach.*, *sil.*, *puls.*, *bry.*, but without any effect; but, after *nux v. i. 6th* [1], there was almost regularly an evacuation. She improved in strength: but of late has discharged from

the bowels a peculiar white tape-like substance, which we at first supposed to be tape-worm. A more minute examination shewed it to be an exudation from the intestines. This exudation has continued for nearly eight months; but Homœopathic treatment was only steadily pursued for about six weeks; the medicines given were *sulph.*, *nit.*, *ac.*, *nux v.* and *merc.*, but with the exception of the *nux.*, which relieved the costiveness, their administration was attended by no improvement. The patient is again under treatment.*

Diseases of the Spine producing various Neuralgic Affections.

C., aged sixty.—Has since the age of twenty-one suffered from affection of the head and spine—for many years she complained of fatigue and weakness, with tendency to syncope. In an acute affection of the head she lost her sight and smell. After this the eyes inflamed very much, and since then she has been constantly liable to attacks of shooting pain in them. She has great lateral and also antero-posterior curvature. There is a very tender spot over the lower cervical vertebra, which, upon being pressed, causes violent shooting pains down the scapulae, chest, and arms. Complaints of spasmodic sharp pains round the waist and in the abdomen, and also similar pains in the lower extremities, especially at the ankles. The least motion increases the pain—pain worst at night; is unable to walk, and raised with difficulty from her invalid's chair; sleeps very little. Bowels costive; frequent acidity and great flatulence. She had undergone every variety of treatment without benefit. Such was her state in August; *cocc.*

6-4 ii. [4] m. et n. 3. *Cocc.* was thus administered alternately with *nux v. 18.*, until Sept. 3d; by this time the bowels had become regular, the flatulence less; she was able to move the body with greater ease. Sept. 7th, continued improvement; *sulph.*

6-3 ii. [4] m. et n. 3. Sept. 18th, *sil. 18.*, was administered as above, and under the use of this remedy she improved very rapidly; the pain became less frequent; she was able to walk a little; slept better; appetite improved.

From this time until the end of October, she received *sil. 18.*, [] *calc. 18.*, [] and continued to improve. She was able to walk about with much less pain; and even went out to drive. Up to the present time this patient has continued comparatively very

*This is a case of tubercular disease of the liver, stomach, intestines, and uterus.—Ed to.

free of pain; and when it comes on, cocc., or sil., succeed in relieving it. Occasionally carbo. v. was given to relieve the flatulence, which at night was sometimes excessive.

Miss W., aged 26, has suffered for fifteen years from her present affection, for which numerous remedies have been tried, but without any relief. She was seen by us on January 17th, 1844. She states that the pain commenced gradually, and without any assignable cause. The pain commences in autumn, gets worse during winter and spring, and diminishes during the heat of summer. She complains of frequent attacks of pain between the shoulders, in a space not larger than half-a-crown, over the 8th dorsal vertebra, where there is no tenderness upon pressure. The pain is dull, coming on frequently eight or nine times a-day, but never at night. The pain frequently extends round the waist, when she suffers from cutting pains, as if knives were run into the stomach; these shoot round to the back, and suddenly disappear, when they settle into the dull pain above described. When the pain goes off, she is troubled with yawning. Catamenia regular, and in all other respects quite well. Cocc. 6-4, iii. [6] 8th q. q. h.

Jan. 26.—Pain between shoulders much better. Ars. 15-4. Cocc. 6-4. Ars. 6-4. Cocc. 6-4. [4] m. et n. 1.

Feb. 9.—Has been greatly better; for the last ten days has had no pain between the shoulders, and the cutting pains in the abdomen have almost ceased.

Rept. Med. ut Jan. 26th.

Feb. 24.—Is now, and has been for some time, entirely free of pain. The patient, up to the time we write, has continued free of pain.

Ranunculus bulbosus we have found useful in three instances of pain depending upon spinal irritation. In one case, the patient, who was under treatment for chronic headaches and abdominal affections, complained of sharp shooting pains round the chest;—in the other, the pain was acute, and felt principally in the shoulder, axilla, and mamma; so acute was it in the breast, that the patient dreaded cancer, for which fear there were no grounds. These two cases we believed to be neuralgia of the intercostals. The third, which was the case of a lady who had suffered from long-existing spinal disease, and complained of sharp gnawing pain over the left side of the chest, as if the skin were torn, with occasionally shooting pain from the spine. In the two first cases, two doses of ran. 6, [], removed the pain, and in the third it was also very useful, but the pain returned in a fortnight. She is still un-

der treatment; but, under the use of sil. and cocc. has improved considerably.

As the ranunculus is not as yet much used, it may not be uninteresting to give the following case of rheumatism, where it proved useful.

J. S., aged 50, has been several voyages to warm climates; during his last voyage he caught cold, and has for some months suffered from rheumatism. The pains are confined almost entirely to the trunk. He feels as if the abdomen and chest had been bruised; on the least motion the pains become cutting and sharp. Bowels costive; tongue foul.

June 23.—Ran 6-4 ii, [4] m. et n. 3.

July 4.—Pains a good deal better. Rept. med.

July 13.—Pains in abdomen and chest are now gone; complains of pain in the neck and shoulder. Bry.

July 17.—He was better, and again received bry; and on the 20th, from a slight return of the pain round the chest, ran. b. was again administered. After this he underwent treatment for disorder of the stomach.

From the pathogenetic action of the ranunculi, we believe that they would frequently be useful in various rheumatic and neuralgic affections, especially of the chest.

The last cases the Doctor calls "Neuralgic Affections," are plain cases of tubercular disease of the organs and muscles, or chronic disease of the organs and rheumatism; and they are now in much the same state they were before the Doctor saw them.

Calculus of the Bladder treated by Electricity.

To the Editor of The Lancet.

Sir;—A "SUFFERER" imploringly asks in your last number whether you know any thing of a method for the cure of stone by electricity, and seems justly to estimate its importance. For his comfort I beg to inform him that there is such a method, and, I believe, a successful one. The author of it, whom at present I have no authority to name publicly, was so good as to call on me, about a fortnight ago, with a patient, on whom he had successfully operated, in order to show me what had been done. The man was perfectly well after, I think, about two months' treatment. I questioned him as to his previous suffering, and there can be no doubt that he had labored under very aggravated symptoms of stone in the bladder. He had, moreover, been sounded, I was told, at one of the Borough hospitals, by an eminent surgeon, whose opinion was that there was a large calculus. The physician who

brought him to me informed me that it was a very large lithic acid calculus that had been decomposed. I presume that very soon the subject will be brought before the profession and the public.

I am, sir, your obedient servant,

WM. MACLURE.

Harley-street, Aug. 5, 1844.

Therapeutical Application of Cold.

To insure good effects from the application of cold, the temperament of the patient should always be considered. In nervous persons, and upon irritable organs, the use of cold should never be carried to the same extent as in opposite states of the system, or in other parts of the body. Two young females, sisters, one of whom was of extreme susceptibility, the other more calm, were attacked at the same time with fever. Ice was applied to the head of both of them. The latter was relieved by the application; the symptoms of the former were, on the contrary, aggravated by it, and the attack soon proved fatal.—*Idem*.

On the Causes, Symptoms, and Treatment of Acute Founder in the Horse.

A clever communication on this subject, from the pen of Mr. Gabriel, appears in a late number of the *Veterinarian*. He points out, in an historical sketch how successfully the disease was treated some two hundred years ago, and how, on the other hand, by modern veterinarians it has been deemed incurable. He attributes its occurrence, in a large majority of cases, to over-exertion of the animal, either by long standing, rapidity of travelling, or long journeys. The symptoms are characteristic: in addition to fever there is an extreme reluctance of the animal to rest its weight on the affected fore-feet. In getting up from the ground, or in attempting to move, the hind-feet are made the instrument of progression. The treatment hitherto pursued has been exceedingly varied. We do not profess to be very profound hippopathologists, we must rely to a certain extent, therefore on the statements of the author. He says that modern pathologists pronounce the disease incurable; in his hands that the treatment rarely fails. This consists of a dose of Barbadoes aloes [eight or nine drachms] and then a *seton through each frog*; on the latter he places his chief reliance. Venesection must follow till the pulse is affected, and large tepid bran-poultices are to be applied to the feet. The shoes should not be removed, but the venesection and physic must be repeated if necessary.—

These hints may prove useful to some of our professional readers, whose horses are too liable to a disease amongst the exciting causes of which are to be found rapid travelling and long journeys.

One of the most remarkable substances yet met with in organic chemistry has been obtained by Dr. Blyth, in an investigation, carried on in the Giessen laboratory, upon the *styrax liquidus*;—before the publication of Dr. Blyth's paper we cannot say whether as a product or educt, nor can we give the composition of the body; but it is in the form of a colorless, transparent and very limpid fluid, with very high refracting powers.—Upon heating this fluid, in a closed vessel, beyond its boiling point, it becomes converted into a solid hard body, retaining its transparency and its refracting power unimpaired, looking like a piece of pure glass. To this substance the term *styrol* has been applied.

DIABETES TREATED BY ALKALIES.

MM. Male and Contour narrated a case of diabetes mellitus cured by the use of alkalies, and sudorifics. The patient, a man aged forty-three, had been labouring under diabetes for eighteen months, and was in the following state:—Extreme prostration and emaciation, great weakness, appetite good, digestion easy, thirst intense, dryness of the mouth although the patient drank five or six quarts a day. His urine was abundant, and the quantity was always in relation to the fluid he introduced into the economy. It was acid and nearly colourless; density, 1035; it contained a little more than nine drachms of sugar for each quart. After giving, without any result, the chloride of sodium during fifteen days, the internal administration of alkalies was commenced, as also the use of flannel, of vapour-baths, and of a highly-animalized diet. One drachm of bicarbonate of soda and eighteen grains of calcined magnesia were given daily during eight days. The dose of bicarbonate was then progressively raised to one drachm and a half, to two and a half, and, lastly, to three. The doses of the magnesia remained the same. This treatment lasted a month, and was followed by complete success. The quantity of sugar contained in the urine gradually decreased, and when the fluids of the economy had recovered their alkaline properties, it entirely disappeared. At that time the patient was cured, and eating every day a pound of bread along with a pint of milk. He still, however, continued the use of the alkalies, and it was impossible to say whether the symptoms might not return, were their administration suspended.

DUODYNAMICS.

Medicines that act upon the different surfaces of the body are either positive like the alkalies, or negative like the acids; that is, they are of opposite dynamic characters. Their combinations also are varied with the predominance of one force or the other; for each and every one of the articles are imbued with two forces; one of which prevails over the other, and determines its character as negative or positive. In some articles the prevalence of one over the other is very great, while in others it is very little, no matter whether they belong to the vegetable, mineral or animal kingdom, or are combinations of the different kingdoms; and we distinguish these different medicines by their effects upon the serous and mucous, or negative and positive surfaces in acute and chronic diseases of these surfaces.

Physicians have been constantly in the habit of prescribing negative and positive medicines indiscriminately in these diseases, without a knowledge of these distinctive dynamic properties, and the result of such practice has been any thing but satisfactory. We have, however, pursued a different course for many years, and the extraordinary confirmation of its correctness in the results obtained from the action of the forces from the Rotary Magnetic Machines has suggested the great importance of a new classification of medicines, and we have consequently commenced the work, as will be seen in the following tabular view in which medicines are classed according to their negative or positive properties.

It contains it will be seen the principal articles used by both the allopathic and homœopathic physicians, and present in one view a list of negative medicines, which are used mostly in diseases of the serous surfaces, and a list of positive medicines, which are prescribed mostly in diseases of the mucous surfaces, or one of which acts at least more *directly on the serous*, and the other on the *mucous surfaces*.

Negative.	Positive.
Acid, Acetic,	Ammonia Carbonate,
Benzoic,	Acetate,
Muriatic,	Muriate,
Nitric,	Antimony, Crude,
Phosphoric,	" Sulphuret,
Prussic,	Assafoetida,
Sulphuric,	Balsam Capivia,
Aconite, Monkshood,	" Canada,
Antimony, Tartarized,	Bryonia,
Antimonialis Pulvis,	Calcaria Carbonica,
Arnica,	Carbon Vegetable,
Arsenic,	" Animal.
Aurum, Gold,	Castor Oil,
Belladonna, Night-shade,	Cina Wormseed,
Baryta Iodide,	Camphor
Calomel,	Catechu,
Cannabis Ind. Hemp,	Cinnamon,
Cantharides,	Cochineal,
Chamo milla,	Coeculus Indiens,
China, Cinchona,	Colocynth, Bit. Cucumber
Oolchicum. Mead. Saff.	Cream of Tartar,
Costum. m. Hemlock	Creosote,
Crocus Sativus Saffron,	Croton Oil,
Cuprum Copper,	Cubebs,
Acetate,	Elaterium, Wild Cucumbr
Sulphate,	Gamboge,
Digitalis,	Graphites, Carburet of Iron
Dulcamaria, Bitter-sweet,	Galls, Nut,
Emetic Tartar,	Gum Ammoniac,
Gold, Chloride,	Kino,
Ilyosiamus, Henbane,	Scammony,
Iodine,	Hellebore, White,
Iodine Chloride,	" Black,
Iodide Potash,	Hepar Sulphur,
Mercury Mu. Corrosive or	Ignatia, St. Ign. Bean,
Mercurius Solubilis,	Ipecacuanha,
Magnesium,	Iron Carbonate,
Magnetized rings,	" Subcarbonate,
Mesmerism,	" Iodide,
Morphine,	" Muriate,
Nux Vomica,	" Sulphate,
Opium,	Jalap,
Pulsatilla,	Kino, Gum
Pulvis Antimonialis,	Lead Acetate,
" Doveri,	Lime, Muriate,
Quinine,	" Sulphate or
Ranuncius, B. Crowfoot,	Hepar Sulphur,
Rhus Tox. Sumach,	Lycopodium, Club Moss
Secale Cornutum Ergot,	Lobelia Indica,
Silicia Silice,	Mercurius, or
Silver Nitrate,	Mercury Crude,
Sang. Cana. Bloodroot,	Magnesia Carbonate,
Sepia Inka juice, C. Fish,	" Sulphate,
Spongia Tosta,	" Calcined
Stramonium, Thorn Apple	Petroleum. Tar Barbadoes
Tin, Muriate.	Potash Carb. Salts Tartar,
	Potash Caustic,
	Petroselinum, Parsley,
	Phosphorus,
	Rheum, Rhubarb,
	Scillas, Squills,
	Soda, Carbonate,
	" Muriate,
	" Sulphate,
	Sulphur,
	Tartarum, Cream of Tartar
	Zinc, Sulphate.

CAMPHOR A PRESERVATIVE OF ERGOT OF RYE.
To the Editor of THE LANCET.

Sir,—In the Lancet of to-day, is a notice of Mr. Rawle, surgeon, of Saffron Walden, concerning the preservative power which camphor exerts upon ergot of rye. I have been in the habit, sir, of using this preservative for the last six years, and have done so in consequence of having read the following passage in a paper of Dr. Bright's, published in No. 141 of the "Edinburgh Medical and Surgical Journal":—"Camphor if intermixed with even-powdered ergot, completely prevents the formation of animalculæ." &c.

August 17, 1844.

AN OLD OBSTETRICIAN.

Effects of Magnetising upon the Magnetiser.

Rheumatism—Dizziness—Cold feet and hands—Neuralgia—Tic Douloureux—Hahnemann and Homœopathic remedies.

We probably receive, on an average, fifty shocks a day in magnetising our patients, either from accidentally touching the unprotected parts of both buttons, or from touching the patient with one finger and a button with the other, and were at first much alarmed at the consequences that might result from it. We have been, however, not only happily disappointed in our expectations of injury, but have found it a great benefit to us. It has removed every vestige of chronic rheumatism with which we have been much affected during the last fourteen years.

We never had so much elasticity in our body and limbs, and never had so much strength; we never walked with so much ease as we now do; and besides, we frequently, even after having gone through great labor during the day, feel so much elasticity and buoyancy that it is rather difficult to sit or stand still, from a strong inclination to be moving, jumping, or dancing; these sensations are in fact sometimes so strong as to require great efforts to repress them.

Persons affected with rheumatism, and especially those in the decline of life, are more or less subject to turns of dizziness, which sometimes compel them to sit or lie down suddenly, to prevent them from falling, and we had been much affected in this way. But these premonitory symptoms of palsy have entirely disappeared with those of rheumatism; and we have removed these symptoms in many other cases, by magnetising the brain—a practice much more simple and effectual than the old routine practice of the schools.

Those who are affected with rheumatism are very subject to colds, and to cold feet and hands. A great number of the cases of headache, are those of rheumatism affecting the muscles of the head, and the membranes of the brain; and the muscles of the face are affected with rheumatism under the names of Neuralgia and Tic-Douloureux; and those

of the heart under the name of hypertrophy of the heart.* Many of the cases of vacillating pains about the chest—of the front, right, and left side, along the pectoral and intercostal muscles, are cases of rheumatism, often mistaken for disease of the lungs. These cases are all distinguished in an instant by the pain produced by pressing with the thumb and finger on the intervertebral spaces of the middle and back part of the neck, the intensity of which increases with the intensity of the disease; and physicians, on commencing the practice of the magnetic symptoms, are often surprised to find the great number of cases of rheumatism—of tubercular disease of the muscles, as well as of the organs.

Hahnemann committed a great error in mistaking tubercula of the organs and muscles for Psora or Itch, as every physician knows who practices these symptoms; and in searching for remedies for this imaginary affection, or “*anti-psorics*,” justly subjected himself and his followers, or homœopaths, to the imputation of chasing a phantom.

These remedies, like those of the Allopathists, have no effect in chronic diseases of the organs and limbs, but that of palliating urgent symptoms in the periods of excitement, which uniformly follow those of repose. They NEVER cure the disease, and have little or no effect upon those who are not very susceptible to mesmeric or magnetic influence.† Homœopathic remedies are, however, generally very efficient in acute diseases, and are useful as palliatives in those that are chronic.

The negative and positive surfaces of the facia of the muscles are both equally affected in acute rheumatism, and the affected limb or limbs are consequently paralyzed; and in chronic rheumatism the positive surface of the facia in which the motor nerves terminate, is more or less affected, and the motion

* In magnetising for headache, the negative button should be placed over the point where the pain is most intense, as in other cases.

† The great number of cases we have examined with the magnetic symptoms during the last seven years, after they had been a long time under the treatment of the homœopaths of this city, has left no doubt upon this subject.

of the limb or limbs more or less impeded, and hence the necessity of using positive as well as negative medicines, or combinations of positive and negative medicines, in many cases of this disease. The uncertainty in regard to the extension of the disease in the different surfaces, relatively to each other, necessarily makes the true remedy for any given case uncertain, so that it may be necessary, in some cases, to try one, two, three or more, before we find the right one. Medicines of any kind in this disease, are, however, only palliative; they rarely cure it permanently.

MESMERISM.

Rome, N. Y. Dec. 3, 1844.

DR. SHERWOOD,

Dear Sir:—As you are the publisher of an independent medical journal, permit me briefly to relate a case or two, of the cure of disease by mesmerism.

Not long since I was called to see Mrs. M——, who was laboring under a severe attack of Inflammatory Rheumatism. She had called her physician the day before, who had bled her largely, blistered the shoulder (this and the elbow being the parts affected) and given a cathartic. Her suffering was intolerable. Every thing that had been done only increased her difficulty. I at first refused to prescribe for her in the absence of her physician. Of this she would hear nothing, but in her acute sufferings implored that I would try magnetism. At that time I did not believe it to be of any avail, but to gratify her I made the effort, and to my utter astonishment found that her sufferings began to abate, and in less than forty minutes she was perfectly easy, the arm, that was before immovable and suspended on pillows, became flexible and the shoulder could be rotated, and moved in any and every direction.

At the time I entered the room her sufferings more resembled those of a woman in the last stage of labor than any thing to which I can compare them. Now behold the change! In less than one hour she may be said to have been cured; for her pain never returned, and as soon as her blister healed she was attending to her domestic duties!

Another case has since occurred under my observation, even more unaccountable than

the one above related. A young man was suffering under partial paralysis of the right side, so much so that he could not close the eye of that side, nor thrust out his tongue, which, was turned sideways: there was moreover, great loss of sensation and motion of the whole of that side. At the suggestion of Professor Grimes, the young man being easily magnetised, I put him into the mesmeric sleep; and then, in that situation, told him that my object in mesmerising him at that time was to *entirely remove all his paralysis*. I assured him that a pass from my hand over the affected part would restore lost motion; and that as soon as this was done he would perfectly close his eye, thrust out his tongue straight, and have all his natural motions perfectly restored. In short, that he would, by this, be entirely cured.—After repeating these assurances and making a few passes over the side affected, I awoke him.

I then told him in a grave and confident manner that my object in putting him to sleep was to cure his palsy, and that *I had done it*. "Now," said I "you can thrust out your tongue straight; you can close your eye, and do all other acts with that side that you ever did." He then made the effort to close the eye, and thrust out the tongue, and to my utter astonishment every effort was successful. In short he was well; and from that day to this, nothing of his former difficulty has returned.

I know that for a man to relate circumstances like the above, is as much as his reputation for truth is worth; but I only state what I do know, and testify what I have seen. Below I give you the names of both of the above persons; one of whom is now a resident of your city.

Yours Respectfully,

J. V. COBB. M. D.

Effects of the Rotary Magnetic Machine.

St. Andrews, 18th Nov., 1844.

DEAR SIR:

In fulfilment of my promise to report to you the case of Comp. *Bronchitis*, I alluded to when I saw you last, I must apologise for its not being as free and concise as could be wished; as in the pressure of professional business, it only received a notice among a variety of other cases.

Mrs. H——, of Orange Co. N. Y., of middle age, bilious temperament and leucophlegmatic habits, last winter, suffered from

a severe and protracted attack of inflammation of the bronchial avenues, ending in effusion of the chest, (the sequel of a tedious labor, with profuse uterine hemorrhage,) from which, however, she recovered tolerable well, and so continued until August past; at which time pains of an erratic character appeared about the shoulders and right side; soon followed by tenderness in the left pectoral region, and some quickness of breathing, loss of strength, appetite, and a dry hacking cough, which annoyed her constantly—the dyspnoea now so great, that it was impossible to take the least exercise; and at one time absolutely threatened suffocation.—*Blisters, expectorants, alteratives, &c., &c.*, I used for some time with little or no benefit; at length, I caused the use of the R. M. Machine, and in exploring the chest found *Tubercula* of the lower and middle lobes of the left lung, with chronic inflammation of the *Bronchia*; (pulse at this time very quick and full.)

The instrument was now used daily for three weeks, with the use of Naptha as an expectorant; and a comp. C. gold pill night and morning as a deobstruent, (if you like the term.) In conjunction and for some time subsequent to the discontinuance of the use of the Machine, rapid improvement followed from the first week—cough lessened—appetite returned, &c., &c., and at present is in the enjoyment of very good health, attending to her domestic duties, (the widowed mother of six interesting children.) It may not be improper for me to state that in March last she lost her husband with tubercular consumption, and she had come to the deliberate conclusion that no better fate awaited her; considering the disease as contracted from care and attention given to her husband, and by strong entreaties and to gratify friends, was she alone prevailed on to accept of relief.

A PHYSICIAN OF ORANGE CO.

MAGNETIC SLEEP.

A much greater number of persons can be put into the magnetic or mesmeric sleep under the combined influence of the rotary magnetic machine and the magnetiser, than by the common method, or that of the magnetiser alone. We have put persons into that state by the influence of the machine alone.

In the combined operation we place the positive button in the left hand of the person to be magnetised, and take the negative but-

ton in our left hand, and then take with the other hand the right hand of the same person, under the most moderate power of the instrument.

The patient is then requested to look steadily at some small object, as the armature of the instrument, as long as the eyes can be kept open, and then to close them and go to sleep, or into the mesmeric state.

This manner of magnetising, like every other, should be practised, under the most favorable circumstances, as regards time, place and seclusion, and should be repeated every day at the same hour, until the object is effected.

When persons or patients have passed into the mesmeric state, they should be treated in the most mild and respectful manner, and if they show symptoms of restlessness, a few passes should be made from the head, along the arms to the feet, which will quiet them, and they may then be allowed to remain in that state a few minutes or one or more hours, according to the judgment of the magnetiser, when they may be aroused in a moment, by reversing the action of the machine, or by the reversed passes, or passes with the back of the hands over the face at right angles with the median line.

Patients are sometimes clairvoyant the first time they are mesmerised, but not generally so; they will, however, tell the number of times it will be necessary to mesmerise them before they will become clairvoyant. They advance in light and knowledge by degrees in the mesmeric or somnolent state. There are six of these degrees, and six sub-degrees or steps in each degree, thus making thirty-six; and the clearness and extent of their vision, as well as of their intuitive knowledge, increases as they advance in the different degrees. There are, it appears, very few who advance higher than the third degree, or eighteen steps. A few are raised as high as the fifth degree, but these are the bounds it seems they cannot or do not pass with impunity.

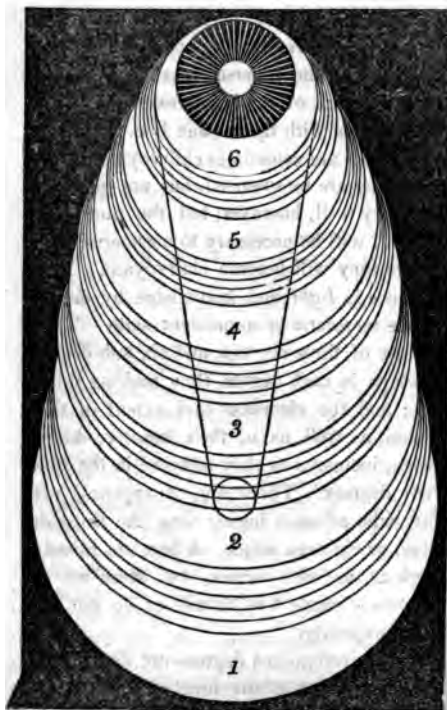
These recognized degrees are described as circles of light in the form of a cone, with steps or degrees of less light in spiral circles

between the greater degrees of light in perfect circles—the spiral being continuous, and terminating in a disc of the most intense light in the top of the cone, as represented in the engraving below.

The light is represented as radiating from the disc at the top, to the bottom of the cone, and the intensity of the light is minimum in the first degree at the base, and increasing in each degree as they rise to the sixth, where it is at its maximum.

A reversed interior arrangement or inverted cone, is also described by clairvoyants, corresponding with that in the circumference, as seen by its outlines in the engraving—the great degrees of both being interspersed with rooms or apartments of light, which are probably reflections connected with the phrenological organs.

The first great degree of light forming the base of the cone first described, surrounds the base of the brain, while the sixth degree is mounted on its summit.



Clairvoyants have the power or faculty of increasing the diameter of the great degrees or circles of light, to an unlimited extent, for the purpose of encompassing objects situated at great distances, and enabling them to see and describe with great accuracy through the surrounding Magnetic medium, especially in the intense light of the higher degrees.

The light is very dim in the first degree, less so in the second, and at a medium in the third; in which degree clairvoyants see and describe very well under favourable circumstances, but are otherwise subject to great errors in their descriptions, as well as in the first and second degrees.

In raising clairvoyants to the higher degrees, magnetisers should proceed with great caution. They should first inquire about their knowledge of the degrees in the somnient state, and then of the degree they are in. If they are in one of the lower degrees, the magnetiser may then inquire whether he can raise them to the next degree. If the answer is in the affirmative, he may proceed to raise them by the exercise of his will; but if it is in the negative, the clairvoyants will, on inquiry, tell him how many times it will be necessary to magnetise them, before he can raise them to the next degree. We have great doubts of the propriety of any attempt to raise them higher than the fifth degree, even with the most perfect preparations for it; because in the present state of our knowledge they cannot be raised to the sixth degree without great danger, indeed, without the peril of their lives; and there is no real necessity for it, as the light is intense enough in the fifth degree, and there are also sights enough that may be seen in that degree to satisfy the cravings of the most marvellous.

The phenomena of the degrees in the labyrinth we have described, as seen in the somnient state, and about which there appears to be no reasonable doubt, are one of the most extraordinary that was ever presented to the human mind; yet it is a perfectly simple, and beautiful magnetic arrangement, resulting from the operation of magnetising, or of giving a new and systematic magnetic

form to the brain—of adding an artificial to natural organization, in which the organization of the great pole in the centre of the brain (2) is reflected upon its surface, and from thence into infinite space.

The poles of all the other organs are organized in a similar manner as seen in the somnient state; that is, they are organized with circles at right angles with their radiations, like those seen on the summit of the labyrinth, and some clairvoyants see through those of the stomach. Besides the concurrent testimony of clairvoyants on the organization of magnetic poles, it is found on a comparison of our previous knowledge on this subject, that their descriptions agree exactly, as far as our knowledge extends. We were well acquainted with the radiations, with the circles at right angles with them—with their light, and with their spiral circles and inverted cones; and could not, therefore, fail to recognize in these descriptions, a magnetic organization.

Those who are unaccustomed to magnetic phenomena, however, find great difficulty in reconciling with their preconceived notions, the possibility of persons being able to see, and thereby distinguish, objects through any other medium than that of external light, and by means of the ordinary functions of vision.

The idea of *any* light, except that which comes from external objects seems to be regarded as unphilosophical, if not assumptive of the supernatural, although an easy and palpable demonstration of the fact is, at all times, within the reach of the most sceptical and supercilious. Let the doubter and sneerer simply close his eyes, so as to exclude all external light, retiring, if he please, into a perfectly dark room where not a ray exists, and on pressing his fingers on his eye-balls, he will *see*, without that mechanism of the eye which is essential to external vision, several distinct and concentric rings of light, around a central point of still greater brilliancy. And though he be afflicted with blindness towards external things, this power of internal vision will be in nowise impaired. The light thus seen is magnetic, being elicited from the two poles of opposite denominations, which belong to the crystal-

line lens, and is doubtless of the same character as that which is affirmed by clairvoyants to exist in the brain, the heart, the cervical glands, the kidneys and other organs, and by which, in fact, they are enabled to trace the whole magnetic organization of the human system. With the intense luminosity of the magnetic forces when in atmospheric combustion, every one is familiar; and we have now furnished an example, at least equally familiar, in which this luminosity is independent of atmosphere as it is distinct from every other kind of light. In short, every one can see for himself precisely the same kind of light that is beheld by clairvoyants in the mesmeric state.

ANIMAL MAGNETISM.

SURGICAL OPERATION UNDER THE INFLUENCE OF MAGNETISM.—The editor of the *Cleveland Plain Dealer*, states that he witnessed on the 25th inst. a most difficult surgical operation, performed by Professor Ackley, assisted by Professors Delamater, Kirtland, and others before a class of students at the Cleveland Medical College. The patient was a Dr. Shriever, from Columbiana county, Ohio, quite an elderly man. It was an operation for tumor, situated under the lower jaw and partly in the neck, near the right ear. In reference to the proceedings of the operator, the *Plain Dealer* has the following statement:

"We happened in just as the Professor was putting knife to the skin. He made two or three frightful gashes, seemingly cutting the throat, and not a muscle of the old man was observed to move. We were astonished, and we think the whole medical class, and even the faculty were not less so than ourself. The secret was, the patient was in a magnetic sleep. This fact of course was known by the professors, but not by the spectators generally. These stood, by the bleeding patient (not sufferer) the magnetiser, who, with the magic of Mesmer, had thrown his subject into pleasant dreams; and now while the knife of the bold surgeon was dashing away at his vitals, and dripping with gore at his throat, he could say to the trembling nerves, "be still," and all was quiet! What a triumph of mind over matter was there! The will of the magnetiser striking dumb even the living being and making even his body the insensible subject of dissection! No agonizing groans were

heard, as is usual from the conscious patient to alarm and terrify the operator; but he went quietly on, without haste, and consequently with better effect. It lasted some fifteen minutes, during which time there were frequent consultations among the professors, as it proved to be a malignant case. It caused a frightful wound and a profusion of blood. The patient was removed to another room, still unconscious of pain and the operation; and when we left he was assuring the magnetiser that he felt quite happy.

The following article, from the Newburgh Gazette may be given in proof of the practical application of Animal Magnetism in many important and painful operations.

MR. ADAMS.

Beneficial effects of Animal Magnetism.

A correspondent has furnished us with the following interesting statement touching the beneficial effects of Animal Magnetism. The operation alluded to was performed on Wednesday last, by Dr. Grant, at the house of David Cromwell, near Canterbury, in the presence of several persons, among whom were Drs. Blackman and Phinney, of Newburgh, who are ready to vouch for the truth of the facts as stated by our correspondent. The following is his statement.

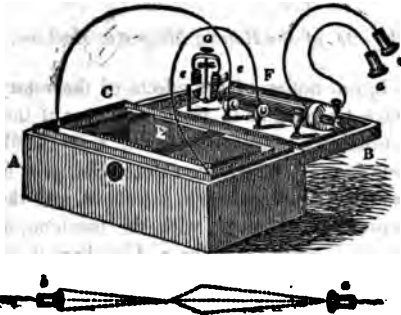
"The patient, a female 18 years of age, was subjected to the usual mesmeric 'passes' by Mr. Adams for about ten minutes, when she appeared to be in a deep sleep. Dr. Grant then proceeded to cut around the gums of two of the molar teeth on the lower jaw, and to extract them with the forceps. During the whole of this proceeding, the patient manifested not the slightest evidence of pain. She was allowed to remain undisturbed for several minutes, when Dr. G. incised the gums around two of the molar teeth of the upper jaw. During the extraction of the third tooth, which from several causes, was attended with considerable difficulty, there was a slight contraction of the limbs, but not the least disturbance of the muscles of the face. The expression of the countenance remained unaltered. Dr. Grant then extracted the fourth and last tooth, which had large fangs, whilst the patient remained as before, to all appearance, insensible. In a few minutes Mr. Adams restored her to her natural condition, and she appeared to be totally unaware of the whole transaction."

We may add, the patient has suffered not the slightest pain or inconvenience from the operation since it was performed.—

Mesmerism in London.

The London papers by the Britannia state that Miss Martineau, the well-known authoress has been highly benefitted of late by mesmerism. I have been told of a letter from her to a friend in this country, in which she abundantly confirms the report. She had been given over by her physicians, who had told her that medicine could afford her no relief. She had been confined for many months to her chamber, which as she says, she never expected to quit, "unless in her coffin." She had been unable during that time to procure even an hours sleep, except through the aid of laudanum. The consequence was, that both her mental and physical powers were fast yielding to a painful, and, as it was believed, utterly incurable disease. At length it occurred to her to try mesmerism. The experiment was made and it was successful. Although not thrown by it into the state of trance of which we hear such wonders, a gentle and refreshing sleep was induced, which lasted twelve hours. On its termination her physicians declared that such had been the change in her whole nervous system, that they ventured to entertain hopes of a cure. The mesmeric process was continued at various intervals; and now the distinguished patient has so far recovered that, from not being able to walk across her room, she can, in her own language, "walk three miles at a time with a relish." "I cannot be thankful enough," she says, "for such a resurrection." Miss Martineau, as all who know her will admit, is not a person of a fanciful or imaginative temperament. Her case will probably induce many to regard with more respect and attention a science, the believers in which, although Cuvier and La Place may be found among the number, are often classed with Mormons, Millerites, and other fanatics. The following intimation, from the London Literary Gazette, of the present condition of this science in London, is perfectly applicable at this moment to New-York: "Mesmerism, which has rapidly assumed a vigorous vitality, and the reality and utility of which have, despite the shallow wit of unphilosophical critics, been maintained by a number of cautious and practical men, is for the moment retarded in its progress by public exhibitors of its often painful phenomena; and hurried, on the other hand, to a maturity that has no real foundation by enthusiastic followers, whose intellects have apparently never been trained to the severity of scientific investigation." This is a brief but sensible view of the whole matter.—N. Y. *Corres. of the Nat. Intelligencer.* Dec. 17th, 1844.

The Rotary Magnetic Machine, and the Dynamic Treatment of Diseases.

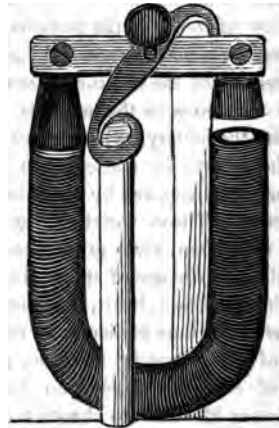


We gave a full description of the Savage Rotary Magnetic Machine, represented in the above engraving, in the last, or October, number of this Journal, with its great superiority over the old shocking-machines, or those that were made for giving shocks instead of a continuous motion. Many physicians, who were using the old machines, have become so well satisfied of the great advantages of the Savage instrument as to lay aside the former and purchase the latter.

It was the great importance of having an instrument as perfect as possible for magnetizing, that induced us to direct the manufacture of the Savage Rotary Magnetic Machines, in which no expense has been spared to make them superior to all others; and the sale of more than 200 of them to physicians during the last six months, shows how much they are appreciated by those of the profession who have obtained a knowledge of them in so short a period.

Notwithstanding, however, the great superiority of these instruments, practice has shown that the silver conductor to the shaft of the armature, in consequence of the great velocity of the latter, will wear off in five or six months, if the machine be kept in constant motion every day, when it becomes necessary to replace them; and as a goldsmith or other mechanic may not always be at hand to replace them, or the armature, if it should require repair, we have directed our

attention to a substitute for both, and have at last, succeeded in our object. We have substituted a spring as seen in the following figure, which vibrates so fast as to make the motions of the forces continuous.



A piece of brass is turned in a conical form, and a round hole turned out of the bottom for the top of the magnet to enter the eighth of an inch where it is soldered. A screw hole is then made on the top of the cone, and a piece of watch spring fastened on to it with a screw as seen in the figure. A piece of iron is turned in a conical form, and a hole drilled into the top of it, and fastened with a screw to the opposite end of the spring as seen in the figure. A hole is first drilled through the middle of the spring and a silver plate of a fourth of an inch square, placed on the top of the spring, and riveted to it, for the brass screw, in the cap of brass that crosses the spring, to rest upon. The brass cap is soldered on to, and supported by, two strong brass pillars, which are secured in a steady position by brass nuts screwed on to the bottom of the pillars under the foundation board. The end of the copper wire that has been first wound around the U magnet, is then soldered to the brass nut that holds the magnet in its place—the other arrangements of the copper wires being the same as in the Savage instruments—connecting the wire which conducts the force from the zinc with the brass pillar on the

same side. The brass screw which rests on the spring, should have a rounded point, and on setting the machine in motion should be screwed down to a point where the spring vibrates in the most steady manner. It makes a steady and not unpleasant humming sound, with variations more or less regular.

The only difference in the motions of the forces from these machines is the variations in the intensity of the vibrating instruments from the variations in the motions of the forces from the battery, which is not observed in the rotary, in consequence of the great momentum acquired by the velocity of its armature. These variations are very frequent and often very great; requiring great caution in the use of it, especially in magnetising the brain, heart, or stomach.

We have been thus particular in our description of the vibrating machine, for the purpose of enabling those who have the *Savage Rotary Machines* to change them into this form if they should choose to do so, when it should become necessary to make the repairs we have mentioned, as the change can be easily made by any goldsmith, and with a trifling expense, as they have the magnet and brass cap, &c., for the purpose.

The power of these instruments is fully equal to that of the Rotary instruments, and they are made of the same sizes. They have both more power, and are *much* more portable than any others made in this country.

We shall continue to forward these machines to any part of the Union, the Canadas or the West Indies, according to order, at the low prices of 15, 18 and 20 dollars, according to the size and style in which they are finished; the vibrating being from 15 to 18, and the rotary from 15 to 20 dollars, including the buttons and manual for magnetising. Besides the improvement in the instruments, we have directed our attention to improvements in the batteries connected with them, but they have not resulted in any practical importance. The size of the batteries can be much reduced, but it involves the necessity of the use of strong acids, as the sulphuric and nitric, the fumes of which *are always annoying, and even dangerous.* *There are besides other obvious objections to*

their general use, such as the danger in carrying these acids every day from place to place, which is entirely obviated by the use of the sulphate of copper in the common batteries.

Effects of the Rotary Magnetic Machine.

In our notice of the effects of the rotary magnetic machine in the last number of this Journal, we mentioned a severe case of bilious fever, in which we reduced the pain in the head, back, stomach, intestines, and the paroxysms of fever, with the machine, in the most prompt manner, and we have been much pleased to learn from physicians of this city, and from the country that they have uniformly obtained the same and very similar results from the action of the machine in the same disease.

There is now, as we have before suggested very little doubt that the machine will reduce yellow fever in the same prompt manner, for although the globules of the blood are found to be more or less broken down in this disease, or *demagnetised*, there is now no doubt that the machine, besides restoring lost motion in the membranes, magnetises the blood in the strongest manner, as well as every other part of the system. We besides suggested in the second, third, and fourth numbers of this Journal, the probability of the great importance of these machines in the treatment of tubercular consumption, and the results of a year's trial, of the instruments, in a great number of cases, has shown that we were not mistaken in the signs upon which these suggestions were founded; for more than *one hundred and fifty cases* of both sexes, and in every stage of the disease, have been magnetised in our rooms during this period, and of this number nine only have died, and of the few of the above number we are now magnetising not more than two will be lost. These results are so extraordinary as hardly to admit of belief among those who know little or nothing of the effects of these machines. They will very naturally suspect that there must be some mistake in regard to the diagnosis or genuineness of the cases; yet there is no-

thing more certain, than that they were all true cases of tubercular consumption; for the manner of our diagnosis does not admit of a mistake in any case. There was not among these a solitary case of chronic bronchitis; for we distinguish these cases with the same certainty we do the above cases, and reduce them with the aid of the machines in about the same proportion to the number of cases. Other physicians of this city have obtained with the instruments similar results in such cases.

The reader, we hope, is now prepared for what has appeared to us more extraordinary results from the action of these machines, one of which at least we are sure we could not have believed without ocular demonstration, and that is a case of luxation inwards of the right hip joint, set on the third trial by the action of the machine *alone*. The hip had been out of joint three or four years, and the leg fully an inch and a half shorter than that on the opposite side.

In this case the positive button of one of our largest machines was placed in the groin while the negative one was moved over and around the hip or gluteal muscles, when the head of the femur went into its place with a loud snapping sound. Such is the power and such are the astonishing effects of the machine.

Among other interesting effects of the machines not before noticed in this work, is the case of two large carbuncles over the right side of the lumbar vertebrae of a gentleman aged 70 years, which were reduced by the usual means with the aid of the action of the machine. The age and feeble state of the patient's health, with the large and extensive swelling around the carbuncles indicated a fatal case. The swelling, with the livid and scarlet color of the skin was, however, reduced in the most marked manner by every application of the instrument, and the disease subdued in a few days.

Bed-sores, gleet, gonorrhœas, and chancre are now also subdued with great facility by physicians of this city with the action of the machine.

MAGNETIC SURVEY.

In the *Montreal Herald* we find the following interesting letter on a recent magnetic survey:

"As a brief notice of the route pursued by Lieut. Lefroy, in his late scientific exhibition to the far North West, together with one or two novel facts, brought to light by him while engaged in that quarter, may not be uninteresting to some of your readers, I shall make no apology for requesting the favor of you to give the following outline of them a place in your valuable columns. But, before proceeding farther, it may not be unnecessary to premise, that the Royal Society having determined on making a number of magnetic observations, in various parts of the globe, selected Mr. Lefroy for that service, as he had already proved himself eminently qualified for it, by discharging so successfully the duties which devolved upon him on a similar mission to St. Helena, where an observatory, of which he was placed in charge, was established for the like scientific purpose. Lieut. Lefroy, with his assistant, left Montreal, on the 1st of May, 1843, and followed the usual canoe route to the interior, in the prosecution of the objects of his mission, he visited York Factory in Hudson's Bay, Norway House, Red River Settlement, Cumberland House, Isle à la Crosse, the great Methey Portage, so graphically described both by Sir John Franklin and Sir George Beck, and reached Lake Athabasca in the following September. Having remained at the latter station for the space of five months, he sat out on the ice for Mackenzie's River, on which he travelled to the verge of the Arctic Circle. Retracing his steps to Lake Athabasca, he descended the Peace River to Dunvegan, whence he crossed over land to Edmonton on the Saskatchewan, which river he descended, and traversed the north west end of Lake Winnipeg to Norway House, where he arrived in the early part of September last. The necessary arrangement for his journey to Canada being completed, he embarked at this place in a canoe manned by six men, and after a tedious and boisterous passage in his frail bark, reached Penetanguishene on the 14th of last month, having been absent about twenty months, and having thus completed a chain of magnetical observations, which includes many miles of country, and which will add materially to our knowledge of a very important and interesting branch of the *Physique du Globe*. Conformably to his instructions, Mr. Lefroy devoted a portion of every day to magnetical observations, having for their object to ascertain upon a great number of

determinate stations, the physical facts as to the present distribution of the earth's magnetism over this portion of the earth's surface, and more particularly, the region of the greatest magnetic energy or intensity; since it is a curious fact, that this region, the pole or focus of greatest attraction, is far from coinciding with the pole of vertical dip, discovered in 1831, by Commander (now Sir James) Ross; and appears, we understand, to exist somewhere in the neighborhood of the Lake of the Woods. The winter of 1843 and 1844 was comparatively mild, the severe cold weather lasting but a short period; its lowest degree at Lake Athabasca was 46 degrees below Zero, Fahrenheit. Here a small observatory was erected, and many curious and interesting facts, relative to the influence of the aurora upon magnetic needles were displayed, and these observations we are informed, throw light upon that beautiful and little understood phenomenon, and its close connection with the agency which produces the effect of terrestrial magnetism.—*N. Y. Herald, Dec. 16.*

MR. SUNDERLAND.

The experiments performed by this gentleman at his last two lectures in this city, were so very extraordinary, so every way unlike any thing we ever heard of before, and so very like the tales of the fairies, or the wonders of the Arabian Nights, that we frankly confess our inability to believe what we saw with our own eyes, but for our knowledge of the lecturer, and those of our citizens upon whom the experiments were performed.

Mr. Sunderland had, previously, informed his audience, that, on Friday evening he would give a novel exhibition of that power which he denominates Pathetism, by causing a number of the audience to fall into a state of somnambulism, before he, Mr. S. came into the Hall. Accordingly, the place was well filled with an anxious multitude, some time before half past six, waiting to witness results performed on the human mind so strange and unaccountable. And sure enough, some considerable time before Mr. S. came in, one after another was seen to arise, and slowly approach the platform, and two gentlemen and one lady were seated upon it, besides a number of other cases, of persons in whom the sleep was equally profound, but who did not leave their seats in the audience till some minutes after Mr. S. had arrived.

On Saturday evening, Mr. S. reversed somewhat the order of proceeding, by actually inducing some eight or ten cases of som-

nambulism even before the persons on whom the influence was exerted, had reached the Hall! The lecturer arrived a few minutes after six, and took his seat on the platform as usual; and such was the great desire of the large audience who had assembled to witness the approach of the *sleep-walkers*, that considerable commotion ensued. At about half-past six, a young lady was seen entering the Hall with her eyes fast closed, the hands extended; and with a slow and somewhat unnatural step, she approached the place where Mr. S. was standing, and was seated upon the platform. Next came a gentleman, Mr. R., and then another, Mr. D., with the eyes closed, somewhat awkwardly making their way up the aisle to the lecturer, who seated them upon the platform. Soon after, there came two more ladies, until there were eight seated upon the rostrum, with as many more asleep, promiscuously seated in the audience.

After the statement of a few facts, showing the utter falsity of the old theories known under the terms of "Mesmerism," or "Neurology," and, proving that these results were not produced by any fluid magnetic or nervous, he proceeded to the development of a series of most curious and extraordinary phenomena. The patients were first thrown into a state of ecstasy, and with their hands clasped and elevated as in a state of devotion, they manifested in their countenances and conversation, a state of mental tranquility almost superhuman. While in this state, Mr. Sunderland drew from them some pieces of music which were most beautifully performed. Next they were transferred into what they conceived to be enravishing fields of fruit and flowers, and now commenced a most diverting scene, for each patient made motions as if actually gathering flowers, grapes from vines, and peaches from the trees, which they seemed to taste and eat with the greatest imaginable delight.

"Come," said the lecturer, "go with me in another direction," when, in a few moments, they began to describe every variety of wild animals. Among them was discovered an elephant, and a ride on his back having been proposed, they went through with the motions of mounting for that purpose. The expressions of fear, the agitation and tossing about seemed reality to the life; till, in a few minutes, as if the huge animal had actually stumbled and fallen, and the patients were thrown upon the floor, with cries of fear, and complaints of broken bones which it took the operator sometime to restore.

Other interesting results followed, which were highly gratifying to the audience, espe-

cially in view of the facts referred to by Mr. S., that neither of these patients had ever been manipulated in the usual way, the sleep having been induced for the first time by his new process of operating, and they had never been operated upon together, in that manner before. And what was still more interesting to the audience, and those who wished to understand the practical benefits of Pathetism, Mr. S. pointed out a number of them who had been most remarkably relieved or cured of some nervous or chronic disease. One, a Mr. A., had been cured of St. Vitus' dance. Mr. H. had been cured of nervous sick-headache; and a third was a case of amaurasis. The lady had been almost blind, and utterly unable to see, or read without glasses; but since she first attended these lectures, she has thrown aside her specs, and has been able to see as well as ever before; and the lecturer pleasantly remarked, that, had he only been known, heretofore, as a good Catholic, or Mormon, cures like those he had performed in these and many other similar cases, might have passed for miracles, and entitled him to a place among the "Saints" of the Polish Calander, or made him the successful rival of the Mormon Prophet.

Providence Gazette.

—Dec. 17.

Pretended Discoveries in Animal Magnetism.

Duly impressed with the deep and extended interest which the subject of Animal Magnetism has created in the public mind, and the ardent curiosity and attention which every new fact connected with it is sure to command, several writers have flattered themselves that it is only necessary to advance a claim, however shallow and assumptive, to some peculiar originality in the science, in order to become distinguished as immense magnetical philosophers. Accordingly we have a Dr. James Braid of Manchester in England, discovering that Animal Magnetism ought no longer to be known under that name, but be called Hypnotism, or Hypnotism; and he therefore introduces new terms for all the principles and processes involved. Thus a person can be no more magnetised, but must be hypnotised, &c., and he then favors us with the whole under the general denomination of *Neurypnology*! This philosopher's production appeared in London in 1843, in 12mo.

The Rev. La Roy Sunderland discovered, in this country, and nearly contemporaneously with Mr. Braid, that Animal Magnetism should be called *Pathetism*, because, as he supposes, it depends altogether upon sympathy. The word sympathy, however, not being fine enough for such a discovery, and as it might induce a number of common people to inquire into the causes and laws of sympathy, he discards it for the word *Pathetism*, which of course stops all further investigation, and leaves every body perfectly satisfied. He consequently uses the word *Pathetising* for *Magnetising*, &c., and his work was published in New York in 1843, in 12mo.

Next, and quite recently, we have Professor J. Stanley Grimes, coming out in a volume of 350 pages, to show that Animal Magnetism should be re-baptized, and ever known hereafter, under the name of *Etherology*, *Etherium*, or *Etheropathy*, but which of these three terms he decidedly prefers he leaves rather dubious, so much so indeed, that it would not surprise us to see some other new philosopher reject them altogether for one of his own invention or sponsorship. Prof. Grimes's *Etherology* has been published in this city within a few weeks, and bears the confidently anticipatory date of 1845.

Of the character and capacity of this work as a philosophical treatise, a pretty adequate idea may be formed from the following brief specimen which constitutes the author's first grand postulate, and to which he is so much attached that he copies it on his title-page:

"All the known phenomena of the Universe may be referred to three general principles, viz: *matter*, *motion*, and *consciousness*. Everything that we know is a modification of one or all of these three."

Previous philosophers had held the doctrine that *motion* (for instance) was an *effect* of forces, instead of being a primary principle, and that the forms and modifications of matter were results of the motion thus produced. But n'importe.

The only other highly original feature of this production that particularly strikes us

is to be found under the title of "Credensiveness" a new term, we presume, for the old phrenological organ of marvellousness. In connection with this new piece of nomenclature, the author expatiates with no little complacency upon the extraordinary efficacy of ASSERTION, as a branch of Animal Magnetism---we beg his pardon---Etherology; and his whole work may be adopted as an evidence of his unbounded confidence in this potent agency. In fact, he wields it like the rod of Aaron through his whole controversy with other magicians, and causes it to swallow up the whole of theirs with the utmost facility. With this weapon only he defeats Buchanan, Caldwell, Braid, Sunderland, Fowler, Elliotson, and all others while he remains invincible.

We have no doubt that each and all of these writers upon Animal Magnetism whom we have here mentioned have many merits, both as writers and investigators, and are entitled to the regard of all lovers of science for the zeal and diligence with which they have pursued their labors. We merely protest against their childish exploits in setting up ideal distinctions where there are no real differences, as if they felt that this was the only way of becoming distinguished above other men from whom they do not otherwise differ.

Colon Strangulated by the Meso-colon.

By Gilman Davis, M. D., Portland, Me.

Communicated for the Boston Medical and Surgical Journal.

On the 13th Oct. 1843, was called to Anson Robinson, Esq. æt. 26, merchant. I found him complaining of violent pain, not constant, but paroxysmal, and referred to the epigastrium. There was no tenderness on pressure over any portion of the abdominal surface, no thirst, and the pulse not accelerated; the bowels constipated, and had been so for some time. The most remarkable symptom was a tonic rigidity of the abdominal muscles. On applying the hand to the abdomen, the muscles were felt to be literally as firm as board, in a perfect tonic spasm, and yielding to no pressure. *Colocynth, calomel hyoscyamus* were given internally, conjoined with morphia and re-

peated injections. After three days the symptoms yielded, but there was pain, and rigidity of the recti and other muscles remaining for several days. The relief began as soon as an evacuation from the bowels was produced.

On the evening of the 5th of May, 1844, I was again called to see Mr. Robinson. He had enjoyed moderate health in the interval since I had last attended him, but had been troubled by constipated bowels. During the latter part of the time, he was observed to place his hand frequently during the day, on the hypogastrium, as if in pain, and during the last week had repeatedly said to a member of the family, that he could obtain no evacuation from his bowels. There was a very small discharge, however, two days previous to my visit. I found him complaining of great pain, as in the previous attack, but with much less of the muscular rigidity; the pain, as before, coming on in paroxysms. There was now superadded to the previous symptoms, constant vomiting, the smallest quantity of food being instantly rejected, and the effort of vomiting increasing the pain. There was no thirst, no pain caused by the firmest pressure on the epigastrium or other parts of the abdomen, and the pulse not perceptibly accelerated. His pain he referred to the epigastrium, placing his hand directly below the sternum, and repeatedly said there "was a stoppage there," and that "he should feel better if he could only have an evacuation from his bowels." There was no appearance of hernia. There was a remarkable restlessness and nervous agitation, as much as I ever before saw.

The same medicines were given as before—calomel, colocynth, hyoscyamus, morphia, and injections. Between 11 and 12 o'clock that night, there was a slight alvine evacuation, but it afforded no relief. Hot fomentations with hops enclosed in flannel bags were kept constantly applied. The morphia afforded slight temporary relief. There was no vomiting of feculent matter at any time.

He remained in this state Monday and Tuesday, during which I visited him four times a day. On Tuesday night, at 11 o'clock, I visited him, and the symptoms had not changed; still no tenderness and no apparent acceleration of the pulse, though I examined carefully and often, and with surprise. It was evident there was some internal strangulation, and that it must end fatally. On Wednesday, at my morning visit, I found a great change—a Hippocratic face, the pain much less, and the pulse between 130 and 140, and so feeble as to yield to the slightest pressure. He was also

thirsty now, but the smallest quantity of fluid was rejected generally, though he had swallowed and retained a very little broth. There was extreme restlessness and jacitation, the patient going repeatedly from one room and one bed to another.

He remained in this state till evening: the extremities then became cold, but he lingered till the next day (Thursday) and died at 12 o'clock, noon. For hours before death the limbs were icy cold, and no pulse, and the most incessant restlessness, the poor sufferer rising up in bed with a look of indescribable anguish, and then falling back faint and apparently dying. I remained with him from Wednesday noon through the night, and until his death, with the exception of an hour and a half on Thursday, when I was obliged to leave him.

On the following morning I opened the body. The stomach was empty, with considerable ecchymosis; the gall-bladder fully distended with dark bile; the intestines filled with gas, and a little fluid fecal matter. In the hypogastrium appeared a large knuckle of intestine, of a deep port-wine color. I removed the whole with great care, and found this knuckle to be composed of thirteen inches of the colon, strangulated in an aperture of the meso-colon, the aperture being about the size of an American quarter of a dollar. From the strangulated part of the colon to its termination in the anus, it measured four feet, I need not add that the portion included in the aperture was in a complete state of mortification. The aperture was round and with even edges, with no appearance that could lead to any reasonable conjecture as to its formation; nor could I learn that the patient had ever had any severe fall or blow upon the abdomen.

I know of no similar case. In the two cases recorded by Sir Astley Cooper of mesenteric and meso-colic hernia, in the last edition of his work on Hernia, the bowel was contained in a sac formed by the intestine protruding itself through one layer of the peritoneum forming the mesentery, separating the two layers, and remaining enclosed between them. In this case the aperture was through the entire thickness of the meso-colon, and through this thirteen inches of the colon had passed and become strangulated.

Organ of Calculation.

Vermont has furnished two or three boys, within the last twenty five years, whose sagacity for arithmetical pursuits was of an extraordinary character. The autobiography of the far-famed Zera Colburn is familiar to the public. After having positively aston-

ished the mathematicians, both here and in Europe, with the rapidity, accuracy and mystery with which he conducted the most elaborate arithmetical calculations, all at once, equally to the surprise of himself as well as every body else, he actually lost the faculty of doing wonders in figures. No effort on his part was successful in recovering a power that made his name ring over the world as an eighth wonder.

Another calculating boy, by the name of Safford, now only eight years of age, says the Vermont Journal, has been discovered in Vermont, who will give the product of four figures by four, performing the operation mentally nearly as quick as one can do it with pen and paper. He has also multiplied five places of figures by five, which was the extent of Zera Colburn's power in his best days. He will extract the square and cube roots of numbers extending to nine or ten places, performing the operation quite rapidly in his head. The division of numbers into their factors is a favorite amusement with him. Give him the age of a person, and he will give the number of seconds correctly.

How can the doctrines of the phrenologist be called in question, with such sustaining proofs of their truth, as are presented in this and many other analogous cases?—*Boston Medical and Surgical Journal.*

Value of Homœopathic Practices.

In the Circuit Court of this city Dr. F. Vanderberg brought an action against T. E. Beckman, to recover \$427 for two professional visits from New-York to Hudson, and nine visits from Rhinebeck to Hudson, to attend Miss Elizabeth Beckman, ill with consumption, who died in Dec., 1842. "Dr. V.'s treatment was of the homœopathic description, and it is contended, in defence to the charge, that such is a species of quackery, and unskilful: also that the charge is too high. In relation to the homœopathic treatment, several eminent physicians, viz: Drs. Buel, Frasy, Manly, Stevens, Greenough, Cheesman and Beck, declared their belief that the system is a species of quackery. One of the gentlemen said it was an attempt to cure one disease by creating another of the same kind. Dr. Manly said his opinion of it could be stated in a few words. It is delusion on the part of the public and knavery on the part of the practitioner.—These gentlemen stated that they had not examined the theory, as they thought it too absurd to give it attention. On the other hand, Drs. Cooke, McVickar, Curtis and Peck, stated that they had fully examined the

theory, and were decidedly in its favor. Its principle is to treat 'like with like.' That is, to administer heat for a fever, &c. while the allopathic, or old system, was the reverse. It was shown that the young lady whom Dr. V. was called upon to attend was seized with a vomiting of blood. Dr. Cooke was her physician, and the services of Dr. V. were requested by her father, knowing that his mode of treatment was on the principle of homeopathy. She was taken afterwards with a second attack of vomiting blood, and Dr. V. again sent for, though he stated to her father from the first, it is said, that he could do her no good. It was remarked by the physician who gave testimony, that consumption, when once seated, can never be cured, although life may be prolonged by care and medicine. It was shown that Dr. V's practice, under the old system, was large."

The court charged that Dr. V. having shown himself a regularly licensed physician, he is entitled to pay for his services, unless it can be shown by defendant that he exhibited ignorance or want of skill. On that point, and also as to the compensation asked for, the Jury must decide from the evidence. Verdict for plaintiff, \$325.

Decomposition of Tincture of Opium by Ammonia.

It is of great importance for prescribers to remember that the addition of ammonia either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will after some time, say twenty-four hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette.*

Medical Miscellany.

There was some alarm in regard to the appearance of small-pox, lately, both at Hanover N. H., and near New Preston, Conn.—The Visiting Physician of the Michigan Penitentiary, located at Jackson, receives of the State seventy-five cents for each visit, and one dollar when he prescribes for two patients. Yellow fever was raging fearfully, at the last accounts, at Metamoras, Texas.

The American Consul and many others had died with it. From fifteen to twenty cases of small-pox recently occurred among the paupers in the Almshouse in Saratoga Co. N. Y. Two of them only proved fatal.

J. J. Paulding, M. D. will sail from Boston soon, destined for the foreign missionary service in Asia. There are sixty students at the Botanic-medical Institution, at Cincinnati. Dr. Hill, of the chair of Anatomy, is represented to be an admirable instructor. A pamphlet has appeared in that city, upon human magnetism, by Henry F. Smith.—There is a class of ninety students now attending lectures at Dartmouth College. The school is well sustained. At Willoughby University, there are now attending the medical lectures, 120 students. The institution is very prosperous, and the faculty, to a man, are exerting themselves to educate their classes in the best manner. There are nearly nine hundred students attending lectures at the two medical schools in Philadelphia.—*Boston Medical and Surgical Journal.*

There are about 500 students, attending the Medical Schools in New York.—*Ed.*

The Local Pathology of Neuralgia

Has been explained by Dr. Black upon anatomical principles. He very justly observes that the nerves, which are usually the seat of neuralgic pains, are those which take their exit from the interior of the body through canals in bone or unyielding tendinous structure. He adds to this, the anatomical fact, that each nervous twig is accompanied by a branch of an artery and a vein. It may easily, therefore, be conceived that those nerves, which are contained in rigid canals, must be subjected to injurious pressure whenever their accompanying vessels are unusually distended with blood. Upon this pressure, according to Dr. Wallis, depends the neuralgic paroxysm. The explanation is ingenious, and is, I think, borne out by the consideration both of the exciting causes and the effects of treatment.—*Dr. Kinking in Provencial Journal.*

Motion along the nerves ceases in such cases, and violent pain is the consequence, as in cases of pleurisy, and as the pain ceases instantaneously on the application of the forces from the Rotary Magnetic Machine, there can be no doubt but it is the consequence of restoring lost motion.—*Ed.*

The Symptoms of Abscess of the Prostate Gland. Diagnosis from Gonorrhœa.

The following remarks by Professor Colles, deserve to be remembered:

"Abscess of the prostate often begins with symptoms closely resembling gonorrhœa inflammatory fever, more or less well-marked usually precedes both, there is the same heat and pain in making water; and the pain in

micturition is often referred to the same spot in both; there is a discharge from the urethra scarcely purulent perhaps at first, but soon becoming so: but while, in clap, the discharge increases with an uniform progression, in the prostatic disease it will often be observed to be very trifling suppose today, profuse to-morrow, again diminished considerably on the next, and so on; even this, however, is not so constant as to be relied on for a distinguishing mark of the nature of the case. There will be often felt a pain or uneasiness in the region of the gland, increased during the passage of hardened stools, irritability of the bladder, or retention of urine."—*Medical Press*.

THE CURABILITY OF HYDROPHOBIA.

Mr. Hawkins makes the following remarks in a very interesting lecture on the subject of hydrophobia. We fear that those anticipations are very far from being realised.

"At the same time that a cure of hydrophobia is possible is rendered not unlikely by the fact that rabies is sometimes cured, or recovered from, in dogs, of which there seems no doubt, from the experience of Mr. Youatt and others who have attended to the subject—so, also, it is, perhaps, sometimes in the human subject; at least more than one instance has been recorded in which several persons at once, in the same family or neighbourhood, have been bitten by the same animal, of whom one has died, and of the others some one or more have suffered from an indisposition. This indisposition may have been essentially hydrophobia, though without coming to its usual stage. At any rate, I am convinced that in such a line of investigation alone is any cure to be anticipated."—*Medical Gazette*.

On the Efficacy of Large Doses of Calomel in Typhus.

By J. BURGESS, Esq., M.R.C.S.

If you think proper to insert the inclosed communication, which appeared in a provincial journal in 1842, it will show that the use of calomel in typhus, proclaimed as a new opinion in a contemporary periodical, which came accidentally under my notice, has been anticipated by me, as therein recorded, and practised in the manner described, with the most unflinching success more than twenty years since.

CALOMEL.

The popular character of calomel as a medicine may be some apology for trespassing upon your space with the following observa-

tions, since medicines of common and general use, like diet, clothing, nursing, and exercise, appeal to the welfare of all classes, and claim a popular discussion.

An interesting article in the Times, on "The Climate of the Western Coast of Africa," which appeared on the 12th ult., induced the following remarks:—

Calomel, although a specific remedy in many diseases, is capricious and uncertain in its action, which is frequently the result of an empiricism in its use, even by those of whom better things ought to be expected.

One of the most familiar circumstances attending its use, when continued in small doses, is salivation, and swelling of the soft parts of the palate, mouth, and gums, which occur more or less certainly and speedily in different constitutions.

This is so common a tendency that it is frequently considered by the practitioner inseparable from its remedial powers, a conclusion which leads to much error in the treatment of diseases.

In those cases in which this test of a curative mercurial influence is wanted to establish its permanency and safety, the object is to know how to arrive at it, in a degree sufficiently small and mild, and which is one of the desiderata of medical practice.

There is a wide range of diseases in the treatment of which its remedial powers depend in no degree whatever on these circumstances, but, on the contrary, are impeded and frustrated by them, and yet, in its use, the practitioner has difficulty to divest himself of the prejudice of a necessity for its affecting the mouth and gums.

It is necessary to continue its influence on the vascular and absorbent systems for a lengthened period to develop some of its powers; and it may be difficult under some circumstances and constitutions to avoid this dilemma; but if mercurial salivation was to be considered in the light of a false practice, and its avoidance a test of a successful one, supposing the cure to be obtained in the one instance without mischief or injury to the constitution, so likely to result from salivation, the triumph of calomel in the treatment of disease would become established, and this valuable remedy would be henceforth relieved from the ban under which it is placed.

In those cases in which small doses of calomel are required to be administered most often there exist counteracting circumstances to prevent or mitigate its irritating tendencies.

In children, in whom small doses of calomel are most often indicated, a condition of the intestinal canal presents, to remove which no other remedy than calomel will prevail.

it being loaded with a slimy and mucous secretion, (*excretion*) protecting its surfaces from the agency of remedies, which, in no other cases and without such protection, would be irritating and preternaturally active.

It is the peculiar remedy of infants and children; but the greatest triumph of calomel, even in the cure of infantile diseases, is in the administration of large doses, which act upon the overloaded absorbent system, invigorating it, and restoring the patient to health.

Its merit as a remedial agent does not consist in its irritant qualities, but in its sedative ones; and the first invariably developed by a timid and fearful exhibition of it in small doses, whilst its sedative and more valuable qualities result from large doses.

Thirty, or sixty grains of calomel, administered in typhus, act like a charm upon the unconscious and comatose patient, and produce what every other remedy fails to do, a profound and natural sleep, from which he awakens to consciousness and comparative comfort, with a soft and relaxed skin, a free and tranquil pulse, and a tendency to general perspiration; the bowels become washed with secretions, (*excretions*), and saline purgatives being resorted to, after the benefit of sleep has been obtained, make them patent; and little more is left to remove the most formidable attacks of this epidemic, but to repeat the remedy and aid its influence by cold affusions over the surface of the body.

The agency of calomel in yellow fever, and the other formidable endemics of tropical climates, which *ceteris paribus*, are within the same denomination and class of morbid actions, only influenced by temperature, is of a similar character, and totally independent of its irritant agency, or of any effect it produces upon the mouth and gums, which is a regular and course test of its influence.

The most successful sedatives we possess, next to blood-letting to syncope, are calomel, in large doses; laudanum, in large doses (particularly when administered after depletion and blood-letting,) oxymuriate of mercury, combined with tincture of foxglove, in small doses; and these, next to the lancet, are the most successful means to combat acute diseases, and are divested of the objections to blood-letting, of leaving a permanent and organic debility, forbidding in many instances its use; or as an evil scarcely less than the disease, and which objection also exists against tartar emetic, which remotely debilitates the nervous and absorbent sys-

tems, and impairs the vital powers. I am, Sir, your most obedient servant,

JOSHUA BURGESS.

London Lancet.

We have pursued the course suggested in the above article in the use of calomel more than twenty years, and we have no doubt of its correctness. In epidemics we have been constantly in the habit of giving tea-spoonful doses of calomel to adults, and when attacked with the disease, we have taken table-spoonful doses, with the happiest effects—eschewing small doses in acute, and its use in chronic diseases.—Ed.

Spontaneous Cure of Cataract.

A stone-breaker had suffered from cataract from his youth. Whilst pursuing his occupation, he was struck by a splinter in the affected eye, and this gave rise to inflammation. He consulted a medical man, who with a view of examining the eye, dropped into it a solution of belladonna. The pupil became largely dilated, and at the same time the opaque lens fell into the anterior chamber, vision being immediately restored.—*Edinburgh Monthly Journal.*

PLANE TRIGONOMETRY.

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23	27	33	Obliquity Ecliptic, Jan. 1, 1845.
101	17	46	West Longitude Magnetic pole in [arctic circle.
96	30	56	West do line no va. do do
83	29	04	East do do do do
158	38	32	East do Magnetic pole in [antarctic circle.
153	51	42	East do line no. va. do do
21	21	28	West do do do do
32	26	An	rate of motion of line no. va.
4	18		Minimum daily va. of needle
6	27	33	Maximum do do do
8	03		Mean annual rate of declination
6	41	04	West dec. City Hall, New-York.
Dec. incr: sing—mean heat is increasing.			
Dec. decreasing—mean heat is decreasing.			

Errata.—On page 45, in Column of Positive Forces, in 46th line from the top of page—for Sulphate read Sulphuret.

THE DISSECTOR.

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No. II.

FALLACIES OF THE FACULTY.

*Lectures Delivered at the Egyptian Hall, Picadilly,
London. 1840.*

By S. DIXON, M. D.

LECTURE V.

MEDICAL DOCTRINES, OLD AND NEW—GOUT

—RHEUMATISM—CUTANEOUS DISEASE—

SMALL POX—PLAGUE—YELLOW FEVER—

DYSENTERY—DROPSY—CHOLERA.

GENTLEMEN,

When a young man has run the usual course of study at a university, he thinks he has learned everything worth knowing. But herein he grievously mistakes; for if we may trust Lord Bacon who had no interest in the matter, rather than the Professors who have, we shall find that "in the UNIVERSITIES all things are found *opposite* to the advancement of the sciences; for the readings and exercises are here so managed, that it cannot easily come into any one's mind to think of things out of the common road; or if here and there one should venture to use a liberty of judging, he can only impose the task upon himself without obtaining assistance from his fellows; and if he could dispense with this, he will still find his industry and resolution a great hindrance to his fortune. For the studies of men in such places are confined and pinned down to the writings of certain authors; from which, if any man happens to differ, he is presently represented as a disturber and innovator."

Gentlemen, in this passage you at once see the reason why Medicine has progressed so little from the time of Hippocrates to the present. Every person who has in any way improved the practice of physic has had to repent it. Harvey lost his business by discovering the circulation of the blood; Lady

Mary Montague suffered in her reputation for introducing the small-pox inoculation; and Jenner for a long period of his life was victimized for the still greater improvement of the Vaccine. His moral character was for years at the mercy of the most venal and corrupt members of the profession. "Such," in the words of Milton, "are the errors, such the fruits of misspending our prime youth at schools and universities, as we do, either in learning mere words, or such things chiefly as were better unlearned." So far as they relate to Medicine, the doctrines of the schools have been a succession of the grossest absurdities. Let us briefly review a few of the most prominent.

For several ages the state of the Blood was held to be the cause of all disease—no matter how the disorder originated. Had you a shivering fit from exposure to cold or damp, the "Blood" required to be instantly purified,—a fever from a bruise or fall, the only thought was how to sweeten "the Blood;" nay, were you poisoned by hemlock or henbane, "the blood" or its blackness was the cause of all your sufferings—and the chief anxiety was how to get rid of it. It never occurred to the physicians of that day that the blood was an indispensable part of the economy, or that "black blood" was better than no blood at all,—so on they bled and continued to bleed while a drop would flow from the veins. When their patients died, it was all owing to the accursed "black blood" that still remained in the system! How to get the whole out, was the great subject of scholastic disputation, and treatises innumerable were written to prove that it might be done. In progress of time, another doctrine arose, namely, that all diseases first originate in the *Solids*, and many were the partizans that took it up; so that for several centuries the *fluidists* and *solidists* divided the schools, and, like Guelph and Ghibelline, ranged themselves under their respective leaders. What medi-

cal man is ignorant of the wars they waged, the ink they shed, and the eloquence they wasted upon the still unsettled point whether the solids or the fluids ought to bear the blame of first imparting disease to the constitution!

But to turn from these to the doctrines of more modern schools. The chief feature in the professional notions of the day, is the assumption that all diseases may be traced to the "inflammation" or other theoretical state of a given portion of the body, one School taking one organ—another, another; but why should I say *ORGAN*? seeing there are professors who exclusively patronize a given *TISSUE*, and others a given *SECRETION* even;—which *One* thing, after they have wrapped it round in mummery and mysticism, they gravely proceed to magnify into the very Daniel O'Connell of every corporeal disturbance! Exposure to cold and heat, the mid-night revel, and the oft-repeated debauch—any, or all of these may have injured your constitution. This, of course, you already know and feel; so you wish to have the sense of your physician upon it. And what does he do? Why, he takes you by the hand, counts, or affects to count, your pulse, looks at your tongue perhaps, and then, with a seriousness becoming the occasion, he tells you, your "*Stomach* is wrong;"—and so far, so true, as your own want of appetite and sensation of nausea abundantly testify. But as if this were not enough, and more than enough, he must proceed to tell you the *cause* of your disease; and what does he say that was? Being a "*stomach* doctor," of course he says, "the *stomach*" again. "The *stomach*," he tells you, is the cause of all;—your headache, tremor, and blue devils, all proceed from "the *stomach*!" But herein, if I mistake not, the doctor falls into the same error as the man who, on seeing a house in ruins, should point to one of the broken bricks, and saddle it with the whole amount of mischief; when, in reality, it was only one of many coincident effects produced by agency from without, such as accident, time, or tempest.

For a considerable space, the *Stomach* held undisputed sway in the medical schools,—John Hunter having contributed much to bring it into fashion. His pupil Abernethy afterwards coupled the whole alimentary canal with it, under the name of the "*digestive organs*;" and for a time nobody dared to dispute his dictum that derangement of the digestive organs is the cause of all disease. Some other partialist would have it, however, that "*the Liver*" is the great source of all ailments—and a very convenient substitute this organ became, for not

only did it save the physician the trouble of thinking, but the patient, by constantly directing his mind to it, very soon found out that the liver was the only organ of the body worth a moment's cogitation. Oh! "*the liver*" has put a great many fees into the pockets of the faculty, and might continue to do so still, but for Laennec's invention, the stethoscope.—Adieu, then, to the liver, and adieu to the stomach and digestive organs! for, from the moment people heard of this instrument, the *Heart* and *Lungs* eclipsed them all. We have no liver and digestive organs in these days,—we have only "*the heart*" and "*lungs*;" and these, as the world wags, are always in such a state—in such a deplorable condition of disease and danger, that Heaven only knows for what end they were given us, unless it be that our bodies were

———intended

For nothing but to be mended!

—in other words, were expressly created for the benefit of the next-door neighbor the apothecary! Never was there such a catalogue of disease as these organs have entailed upon us;—but the curious thing is, that nobody knew it until Laennec made the discovery by means of the stethoscope. Since then, leech, lancet, cupping-glass, and purge have followed each other with unexampled rapidity; but whether the "*fits*" and "*sudden seizures*," which now-a-days carry off so much mortality, be the effect of these very safe and gentle remedies, or of the "*Heart-disease*," under which the doctors, in their innocence, are pleased to class them, I leave to persons of common sense and common discrimination to decide. One thing is certain, physicians have made a great professional stride since the days of Moliere—for whereas in his time the only organ they ever thought or theorized about was the lungs; now, thanks to the stethoscope, they have got the heart, with its valvular and vascular apparatus, to the bargain. So much for organs, Gentlemen;—let us now speak of tissues. To be chronologically correct, we must first take the "*Skin*"—for of skin, and nothing but skin, our bodies at one time would appear to have been entirely constructed. The skin was the medical rage and the doctors were very certain they had made a great discovery, when they turned their attention to it. Derangement of the skin explained every thing in existence, and many other things besides; whatever your sufferings, the answer was always the same, "The skin, Sir, the skin!"—The skin solved every possible difficulty, and if patients were pleased, why undeceive them? Sick men do not reason—

you must therefore treat them like children ; and he who can best impose upon their credulity is sure to become the popular physician. The skin, however, had a pretty long run ; but, like its predecessors, it was destined to fall in its turn—to be supplanted by another tissue, “ the *Mucous Membrane*.”

—In the hands of Broussais the mucous membrane first rose to eminence. Bustling, active, ready, he first pushed it into notice ; and so skilled was he in all the arts of scholastic juggling, that not only did he parry every blow aimed against his favorite theme by the skin supporters, but he at last obtained for it so great an influence in the sick-room, that no patient of importance could be put to death legitimately till he had first been called in to prescribe something for the “mucous membrane.” Broussais thus became the French medical dictator, and the “mucous membrane” the French ruling doctrine. Carried by his numerous partisans and disciples into every commune in France, the “mucous membrane” at last found its way into England, where it was taken up by the late Dr. Armstrong—and an excellent stepping-stone it proved to him in practice. Every body came to hear what he had to say of the “mucous membrane.” You could not have an ache in your back, or a cramp in your leg, but the “mucous membrane” was at fault ; nay, had you a pimple on your nose, or a pain in your great toe, it was still the “mucous membrane !” Nor is this doctrine even now quite exploded. How many of the various secretions have run this gauntlet of accusation, it would be unprofitable to do more than allude to. The Perspiration was at one time much in vogue, and “checked perspiration” the reply to every inquiry—our grandmothers use the phrase occasionally still ; though some of them betray a leaning to the system of the Water-doctors, a class of persons who only needed to inspect your urine to find out a cure for your complaint. Many curious stories come to my mind in connection with this ;—but the subject is too grave to be trifled with—let us therefore pass from that to “the *Bile*”—the mysterious cause of so much offending. How many difficulties has not this secretion mastered ? How many has it not made where none existed before ? You derange every organ and function of your frame by intemperance—“the bile,” not the wine, is the criminal ! You have headache from hard study, it is still “the bile ;”—the palpable and obvious agencies going for nothing, while one of many effects produced by a common cause, is absurdly singled out as the father and mother of the whole !

I have still to notice another school of physicians, who ring the same changes upon a word, which having no very definite signification itself, may therefore signify anything they have a mind, without in the least committing them in the opinion of the public. Rheumatism, Gout, Scrofula, Scurvey—what is the meaning of these terms ? They are synonymous simply, having all a common import, fluidity or humor. In Rheumatism, we have merely a derivation from the Greek verb, (*Rheo*, I flow,) and Shakespeare used it in its proper sense when he said,

Trust not these cunning waters of his eyes,
For villainy is not without such *Rhum*.

Then, as regards Gout, what is it but a corruption of the French word *goutte*, a “drop.” And this perhaps some of you may think not so bad a name for a class of symptoms which frequently proceed from “a drop too much”—but that is not what doctors mean by the term. Gout with them is merely a fanciful “humor.” Scrofula in Latin, and Scurvy in Saxon, have the same signification, namely, a “dry humor.” Only think of dry humidity, Gentlemen,—and the confusion of tongues during the building of Babel, will readily occur to you as a type of the language in which medicine is even now taught in most of our schools ! Some German physicians of the present day tell us that scrofula has taken the place of scurvy in the European constitution. But this is only one of the many modes in which professors play at “hide and seek” with words. The Diseases Continental Doctors formerly termed Scurvy, they now term Scrofula, and Heaven only knows what the doctors of after times will call the same corporeal variations before the world comes to an end ! So much, Gentlemen, for the “Humoral school”—a school that impressed upon its disciples a doctrine of purgation scarcely less fatal than the sanguinary practice of the present pathologists. In fact it is the identical system of “Morrison, the hygeist,” and all those quacks, who, by their determined perseverance in purging away a fancied “impurity of the blood,” have too often purged away the flesh and the lives of their credulous victims. Do people at this time of day require to be told that you may purge a healthy man to death !—that by any class of purgatives, whether vegetable or mineral, you may so disturb every action of the body—may so alter every corporeal structure and secretion, that no one shall be of natural consistence or appearance ! By the eternal use or rather abuse of any purgative you please, in a previously healthy body, you may so change the alvine secretions, that they shall take the form of any “impurity”

you fancy—and for this impurity of your own creation you may, day by day, and week by week, purge and purge till you have brought your patient to the state of inanition which constitutes, as I shall in the course of this lecture explain to you, the disease termed “Ship Scurvy.” See, then, the effect of that humoral doctrine! But even this kind of folly appeared too simple to some teachers, and these taxed their invention to make nonsense compound. Who has not heard of Rheumatic Gout?—and who will be so bold as to deny its existence? Yet, what is it but a self evident absurdity! Its literal meaning is “fluid fluidity.” You might as well call an injury from fire, “a ignes-eous burn!” Gentlemen, does such jargon convey to your minds the most distant idea of the true motions which take place in the body in the course of any one disease? How then can you wonder at men of observation laughing at the whole medical profession? It is only a fool or a physician who could be duped for a moment by such puerility; and Lord Stowel was right when he hinted a man might be both at forty.—“When youth made me sanguine,” says Horace Walpole, “I hoped mankind might be set right. Now that I am very old, I sit down with this lazy maxim, that unless one could cure men of being fools, it is to no purpose to cure them of any folly, as it is only making room for some other.” This I believe was said in regard to religious doctrines—but that it applies equally well to medical doctrines, may be seen from a statement of Sir William Temple:—“In the course of my life,” he says, “I have often pleased or entertained myself, with observing the various and fantastical changes generally complained of, and the remedies in common vogue, which were like birds of passage, very much seen or heard of at one season, and disappeared at another, and commonly succeeded by some of a very different kind.—When I was very young, nothing was so much feared or talked of as rickets among children, and consumptions among young people of both sexes. After these the spleen came into play, and grew a formal disease. Then the scurvy, which was the general complaint, and both were thought to appear in many various guises. After these and for a time, nothing was so much talked of as the ferment of the blood, which passed for the cause of all sorts of ailments, that neither physicians nor patients knew well what to make of; and to all these succeeded vapors, which serve the same turn, and furnish occasion of complaint among persons whose bodies or minds ail something but they know not what; and among the

Chinese, would pass for mists of the mind or fumes of the brain, rather than indispositions of any other parts. Yet these employ our physicians more than other diseases, who are fain to humor such patients in their fancies of being ill, and to prescribe some remedies, for fear of losing their practice to others that pretend more skill in finding out the cause of diseases or care in advising remedies, which neither they nor their patients find any effect of, besides some gains to one and amusement to the other. As Diseases have changed vogue, so have Remedies, in my time and observation. I remember at one time the taking of tobacco: at another, the drinking of warm beer, proved universal remedies—then swallowing of pebble stones in imitation of falconers curing hawks. One doctor pretended to help all Heats and Fevers by drinking as much spring water as the patient could bear; [Priessnitz's plan?] at another time swallowing up a spoonfull of powder of sea biscuit after meals, was infallible for all indigestion, and so preventing diseases. Then coffee and tea began their successive reigns. The infusion of powder of steel has had its turn; and certain drops of several names and compositions. But none that I find have established their authority, either long, or generally, by any constant and sensible successes, but have rather passed like a mode which every one is apt to follow, and finds the most convenient or graceful while it lasts, and begins to dislike in both these respects when it goes out of fashion. Thus men are apt to play with their healths and their lives as they do with their clothes; which may be the better excused, since both are so transitory, so subject to be spoiled with common use, to be torn by accidents, and at last to be so worn out.—Yet the usual practice of physic among us runs still the same course, and turns in a manner wholly upon evacuation either by blood-letting, vomits, or some sorts of purgation; though it be not often agreed among physicians in what cases or what degrees any of these are necessary, nor among other men whether any of these are necessary or no. Montaigne questions whether purging ever be so, and from many ingenious reasons. The Chinese NEVER let Blood.”

Gentlemen, you now see the correctness of a remark of the late Dr. Gregory, that medical doctrines are little better than “Stark staring absurdities.” And God forgive me for saying it, but their authors, for the most part have been very nearly allied to those charlatans and impostors, who

—wrap nonsense round

In pomp and darkness, till it seems profound;

Play on the hopes, the terrors of Mankind
 With changeful skill; * * *
 While Reason, like a grave-faced mummy,
 stands
 With her arms swathed in hieroglyphic
 bands.

MOORE.

As for the Schools, at this very moment, the whole regime of medical teaching is a system of humbug, collusion, and trick—embracing intrigue and fraud of every kind, with the necessary machinery of Periodical Journals, and Reviews, by which the masters are enabled to keep down truth, and mystify and delude the student and country practitioner at their pleasure. In physic, now as formerly, the very clever world

—bows the knee to Baal,
 And hurling lawful GENIUS from his
 throne,
 Erects a shrine and IDOL of its own,—
 Some leaden Calf—

who by virtue of his puppet position, maintains a reputation and a rule in matters medical, to which neither his merits nor his learning in the very least entitle him;—nevertheless he reigns the Esculapius of the day, and it is only in the next age that,

— the vulgar stare,
 When the swollen bubble bursts and all is
 air!

But Gentlemen, what do the faculty of our own time mean by the term

GOUT?

What do they mean by it? You may ask them that indeed. Crabbe, who studied physic, but left the profession in early life to take orders, when describing some of the doctors of his day, among other things, tells us,

One to the Gout contracts *ALL* human
 pain,
 He views it raging on the frantic brain,
 Finds it in fevers all his efforts mar,
 And sees it lurking in the cold catarrh.

Gout, then, may be any thing you please; for according to received opinion, this offspring of Nox and Erebus, this vox et preterea nihil, takes shapes as many and Protean as there have been authors to treat of it—This much I may venture to tell you, that nothing will so soon help a man to a chariot as to write a book with Gout for its title—for being supposed to be a disease peculiar to aristocracy, every upstart is fain to affect it.—You cannot please a mushroom squire, or a retired shopkeeper better, than by telling him his disease is "Gout"—"Gout suppressed"—"Gout retrocedent"—"Gout in this place, or "Gout" in that! And what is Gout?—

— Of all our vanities the motliest—
 The merest word that ever fooled the ear,
 From out the schoolman's jargon!—
 BYRON.

In sober seriousness, is there such a disorder as Gout? Gentlemen, as a "counter to reckon by," you may use the word; having first so far made yourselves acquainted with its real meaning that nobody shall persuade you that it is in itself anything but a piece of hypothetical gibberish, invented by men who knew as little of Disease and its nature as the tyros they pretend to illuminate. When a Lady or Gentleman of a certain age complains to you of a *painful swelling* in some of the *small joints* of the hand or foot, you may say, if you please, that such patient has got the Gout. If the same kind of swelling should appear in the knee or hip-joint, or take the shape of an enlarged gland or a rubicund nose, you must then change your phrase; and you may easily exhaust a volume in pointing out the differences betwixt them. But as neither this kind of disquisition, nor the baptizing your patient's disease by one name or another, can in the very least help you to cure it, I may just as well explain to you that this swelling, like every other malady incident to man, is not only a development of constitutional disease, but, comes on in fits or paroxysms. Now, Gentlemen, you will find this fit in one case perfectly periodic and regular in its recurrence; in another less determinate as to the time of its approach. The result of repeated paroxysms, as in other diseases where great heat and swelling take place, must be a tendency to decomposition, and in this instance, the product for the most part is a deposit of chalky or earthy matter. In that case nobody will dispute the name you have given to the disorder; but should the result of the decomposing action by purulent matter or ichor, instead of chalk or earth,—which neither you nor anybody else can know beforehand,—you must not be astonished if a rival practitioner be called in to give the disease another soubriquet,—to christen it anew by some other phonic combination full as indefinite as the first, and which may thus serve you both to dispute about very prettily from one end of the year to the other, without either of you becoming a whit the wiser! You see, then, that the only difference betwixt what is called "Gout," and what is called "Inflammation," is, that the result of the morbid action in the former case, is earthy instead of purulent deposit a solid instead of a fluid product. Now, this difference may be accounted for, partly by hereditary predisposition, and partly by the age of the respective subjects of each. Young plants contain

more sap than old ones; the diseases of both must therefore in some points vary; for though in the blood of the old or middle-aged man we find the same elemental principles as that of infancy and youth, from these being in different proportions, the results of decomposition must *mutatis mutandis*, be different. What are the CAUSES of GOUT? One writer says one thing; another, another. Dr. Holland, Physician Extraordinary to the Queen, is among the latest who has written upon the subject, and he says the cause is "a morbid ingredient in the blood;"—nay, he says, "it cannot be denied." Still, not only do I presume to dispute the dictum, but I challenge him to bring forward a title of proof in support of it. His whole doctrine of Gout, I apprehend, is a fallacy; for if you enquire, the patient will tell you that he took too much Wine the night before his first fit; or that he had got Wet; or had been exposed to the East Wind; or had been vexed by some domestic matter. From which you see, the causes of Gout are any thing and every thing that may set up any other disease,—Small-pox and the other Contagious Fevers of course excepted. A paroxysm of Gout has been actually brought on by Loss of Blood and also by a purge, for which statement, if you will not believe me, you may take the authority of Parr and Darwin. What, then, is the remedy? If you ask me for a Specific, I must again remind you there is no such thing in physic; and what is more, the man who understands his profession would never dream of seeking a specific for any disorder whatever. No, the remedies for Gout are the same as cure other diseases; namely, attention to temperature during the Fit, and the exhibition of the chrono-thermal or ague medicines during the Remission;—for we have seen that, like the ague, it is a periodic disorder, and such is the description of it given by Sydenham, who was half his life a martyr to it;—to say nothing of Dr. Samuel Johnson's explanation in his dictionary. That it comes on like the ague with cold shiverings, the experience of almost every case will tell you; but as your minds may be too much occupied with school theories to mark that fact for yourselves, I will give it to you in black and white in the words of Darwin. Speaking of some cases of the disease, he says: "The patients after a few days, were both of them affected with cold fits like ague-fits, and their feet became affected with Gout." To meet it in a proper manner you must treat the disease purely as an ague. With quinine, arsenic, opium, and colchicum, I have cured it scores of times, and truth obliges me to say *I have in some cases failed with all.* Now

what can I say more of any other disease? Every day you hear people talk of the "principle" of a thing, but really without knowing what they are talking about. The true meaning of the word principle is *UNTRY*—something simple or single to which you may specially refer in the midst of an apparently conflicting variety. That a perfect unity of type pervades all the variations of disease is indisputable, and of the correctness of a unity or principle to guide your treatment there is as little doubt. What, then, are all your school-divisions but "*floci, nauci, nihili, pili!*" I shall now give you a case or two which may perhaps suffice to show you my treatment of Gout.

Case 1,—Colonel D—, aged 60, had a fit of Gout which came on every night, and for which leeches and purgation had been ineffectually prescribed, before I was called in. I ordered a combination of quinine and colchicum, but as this did not stop the fit, I changed it for arsenic, after taking which the patient had no return.

Case 2.—Captain M—, aged 56, had a fit of Gout which recurred every night during his sleep. I prescribed arsenic without effect; I then gave him quinine, which acted like magic. The same gentleman, twelve months after, had a recurrence, but was much disappointed, on resuming the quinine to obtain no relief. I then prescribed arsenic, which, though it failed the year before, this time perfectly succeeded!—a lesson to such as would vaunt any remedy as a specific for any disease.

The influence of the Passions in causing or curing gout is well known. One of many cases so cured comes just at this moment to my mind. A clergyman was laid up with a severe attack of the Gout—his wife having heard of the effects of Surprise in cases of the kind, dressed up a large hare in baby-clothes, and brought it to his bed-side, telling him how fearfully changed their child had become. The old gentleman eyed the animal with a look of terror, sprung out of bed, and comp'aned of his foot no more!

Now, Gentlemen, as gout, like Ague, is a remittent disease, and curable in the same manner,—whether by mental or physical agency,—what right have we to assume that its cause is a "morbid ingredient in the blood," any more than the cause of ague is? Still, we shall suppose for a moment that it is the effect of a 'morbid ingredient in the blood,' what, then, let me ask, is this morbid ingredient doing all the time of remission? Does it sleep or wake during this interval of immunity?—and how comes it that arsenic, quinine, and colchicum so often neutralise its effects—while purgation and blood-letting

in too many instances, produce a recurrence? In a word, is not this "morbid ingredient in the blood" a mere crotchet of Dr. Holland's brain—a goblin—a phantom—that, like other goblins and phantoms, disappears the moment the daylight comes in?

Having stated my reasons for dissenting from Dr. Holland's hypothetic view of the cause of gout, it may not be out of place here to request your attention to some points of infinitely greater importance, upon which that physician and myself, by some curious fatality, maintain a remarkable COINCIDENCE of opinion. I quote the following passages from his *Medical Notes and Reflections*.

"Has sufficient weight been assigned in our pathological reasonings to that principle which associates together so many facts in the history of disease, namely, the tendency, in various morbid actions, to distinct intermission of longer or shorter duration, and more or less perfect in kind?" "The subjection of so many diseased actions to this common law, establishes relations which could not have been learned from other sources, and which have much value even in the details of practice."

Again he says, "It will probably be one of the most certain results of future research, to associate together, by the connexion of causes of common kind, diseases now regarded as wholly distinct in their nature, and arranged as such in our systems of nosology. This remark applies very widely throughout all the genera of disease." "We can scarcely touch upon this subject of Fever (particularly that which our present knowledge obliges us to consider as of idiopathic kind,) without finding in it a Bond with which to associate together numerous forms of disease but withal a knot so intricate, that no research has hitherto succeeded in unravelling it."

Now, what does Idiopathic mean? It means peculiar or primary—in opposition to symptomatic disease, or disease of long standing. The profession, then, according to Dr. Holland, and he is right, have been perfectly in the dark in regard to the beginning of any disease. The "knot" they have for so many centuries been trying to unravel, I hope he, they, and every body else will now consider as completely untied, but not, as I shall in a few minutes prove, in consequence of Dr. Holland's prediction.

When speaking of the Influenza and other Epidemics, Dr. Holland says: "I may briefly notice the singular analogy to the milder forms of Typhus and Intermittent Fever which these epidemics have occasionally presented." Why he puts Typhus before Intermittent fever, I know not; but this I do

know, that except where badly treated, the Influenza seldom takes the typhoid shape. However, Dr. Holland admits he has prescribed Bark in the Influenza with very great advantage.

On the subject of Temperature, the same physician thus speaks: "The patient may almost always choose a temperature for himself, and inconvenience in most cases, positive harm in many, will be the effect of opposing that which he desires, his feelings here is rarely that of theory, though too often contradicted by what is merely such. It represents in him a definite state of the body, in which the alteration of temperature desired is that best adapted for relief, and the test of its fitness usually found in the advantage resulting from the change. This rule may be taken as applicable to all fevers, even to those of the exanthematous kind." By which term medical men understand small-pox, chicken-pox, measles, and scarlet-fever. Some include the plague.

Dr. Holland asks: "Is not depletion by blood-letting still too general and indiscriminate in affections of the Brain, and especially in the different forms of Paralysis? I believe that the soundest medical experience will warrant this opinion. The vague conception that all these disorders depend upon some inflammation or pressure which is needful to remove, too much pervades and directs the practice in them, and if the seizure be one of sudden kind, this method of treatment is often pursued with an urgent and dangerous activity." "Theory might suggest that in some of these various cases, the loss of blood would lead to mischief. Experience undoubtedly proves it, and there is cause to believe that this mischief, though abated of late years, is still neither infrequent, nor small in amount." It is now the fashion of the Eminent and their herd of followers to say, "Oh, there has certainly been too much bleeding," and "Oh, we don't bleed as we used to do;" but it is not so convenient for them to tell who opened their eyes to their errors.

Now, Gentlemen, if any of you be disposed to question by whose influence this abatement of mischief was principally brought about, I may suggest that, from numerous letters I have received from medical men, long before Dr. Holland's volume first appeared, my writings must at least have contributed to it. Dr. Holland's work, from which I quote, was published by Messrs. Longman and Co. in 1839. Mark that date, and mark also, if you please, that it was in the year 1836, three years before, that the same Publishers brought out the *Fallacy of the Art of Physic as taught in the Schools*, wherein I stated:—

1. "We hope to prove even to demonstration, that Fever, remittent or intermittent, comprehends every shape and shade which Disorder can assume."

2. "That many cases of Disorder have been observed to partake of the nature of Remittent Fever, and to derive benefit from the modes of treatment adapted to that periodic distemper, we are sufficiently aware. But we have yet to learn that any author, ancient or modern, has detected that type, and advocated that treatment in every shade and variety of disease."

3. "That attention to Temperature is the end to all medicine."

4. "That Blood-letting might be advantageously dispensed with in all diseases, even in Apoplexy."

Gentlemen, some of you may have read an anecdote of Dennis the Critic. Having invented a new mode of producing theatrical thunder, he submitted his discovery to the managers; but their high mightiness only affected to laugh at it. Some weeks afterwards, he went to see a play, in which there was a thunder-scene. "Now thought Dennis, is my turn, now can I afford to laugh at their thunder as much as they laughed at mine;" but judge his surprise when, instead of farcical squall he expected, his ears were saluted with a thunder as terrible and as true as the "hurly-burly" of his own invention. Perceiving, in an instant, the trick that had been played him, he cried aloud. "By G—! that's my thunder!" This or something like this, always excepting the irreverent adoration, was the sentiment that escaped me when I first perused the passages I have read to you from the Medical Notes and Reflections. "These are my doctrines," I said; "aye, the identical doctrines which Dr. James Johnson, physician-extraordinary to the King deceased, two years before, stigmatized as a Pyrexia-mania, or Fever-madness. How will he receive them now, now that they are patronized a second hand by an F.R.S. and a physician extraordinary to the Queen that reigns?" That was my exclamation, and how did he receive them, Gentlemen? Oh! he praised Dr. Holland to the skies; said he was this, and said he was that; and concluded by telling us that "it is impossible to lay down his book without an acquiescence in the decision of the public, which has placed him in the first rank among the practical physicians of the capital; adding, moreover, that "his bearing towards his brethren is fair and open, and his candid mind, instructed by liberal reading and polished by society, is willing to allow their need of merit to all." But not a syllable did Dr. James Johnson

say in condemnation of Dr. Holland's prophecy, that "Fever" would one day be found to be "the Bond with which to associate together numerous forms of disease;" nor did he remind him that when that prophecy was actually fulfilled by me to the latter years before Dr. Holland took the trouble to make it, he, Dr. James Johnson ridiculed it as a Fever-madness! Gentlemen, if, in the course of his "liberal reading," the Author of the Medical Notes and Reflections never saw the Fallacy of the Art of Physic as taught in the Schools! Nor the Review of it by his patron Dr. Johnson; Nor Dr. Conolly's equally honest criticism of it! Nor the controversy in the *Lancet*, to which the former gave rise! Nor heard in "society" the remarks made by the laughter-loving part of the profession, when that controversy was concluded! Nor met with the Unity of Disease! Nor the many Reviews that were written upon it!! You must acknowledge the coincidence to be curious, startling!!! And, further, you must admit that this coincidence affords another of many proofs of the truth of a discovery, which, when Dr. Holland, with the candor, I am willing, in common with Dr. Johnson, to allow him, takes into account dates, facts and other similar trifles, I hope he will, in return, permit me now, henceforth and forever, to call MINE! Meantime, I have much pleasure in availing myself of the testimony of a physician so eminent, in favor of its "value, even in the details of practice."

[Shortly after the above observations made their appearance in print, Dr. Holland addressed to me a letter in "explanation." The correspondence which followed I am not quite at liberty to give, as the Doctor expressed a wish that his communications should be kept private. This much I may, however, state, that though couched in very polite, very diplomatic language, the explanation afforded by his letters did not appear to me to be any explanation at all. His observation might apply to this, that, or the other, or anything else! How green Dr. Holland must have thought me when he imagined he would tie up my hand with his "private" letters. But seriously, if he intended to do more than shuffle me out of my discoveries, why did he send a "private" answer to my published charge, or insinuation, if he like it better. The concluding paragraph of his last letter is so adroitly worded, that with, or without his leave I must quote it. "It gives me pleasure to know that you find anything of truth or useful suggestion in what I have published. And I shall be gratified by any opportunity

which may hereafter occur of talking with you on these subjects, of common interest to us, out of print, [no doubt! Ever, my dear Sir, yours faithfully, H. HOLLAND.] Now I should like to know which is the "suggerer" here, I who first published the discovery, or Dr. Holland, who three years afterwards printed it in a phraseology only slightly altered? "New truths of a higher order," says an enlightened physiologist, "and of which the connection is not seen with common and hackneyed doctrines, are scouted by all, and especially sneered at, denied, and abused by the base creatures who have just sense enough to see there really is something in them, who have just ambition enough to make them hate one who appears to know more than they do,—and who have just cunctation, the doctrines at first denied are subserving or skill enough to bias minds yet weaker than their own. To crown suitably such proquently pilfered with all the little art of which such minds are capable." Alexander Walker on the Nervous System, "to which is prefixed some account of his earlier discoveries, of which the more recent doctrine of Bell, Magendie, &c., is shown to be at once a plagiarism, an inversion, and a blunder."]

From this digression I now turn to

RHEUMATISM.

Like Gout, the word Rheumatism conveys nothing beyond the expression of the false theory, which first gave rise to it. But as we are compelled, by long custom, to retain this among other equally unmeaning terms, I may tell you, that the profession of the present day class under it numerous affections of the great joints, particularly such as have come on suddenly, and are attended with much pain and swelling. You will find that these, in every case, have been ushered in by fever fits. The young and middle aged are more liable to rheumatism than the extreme old. Like the gout, it is a remittent disorder, and Dr. Haygarth, long ago, wrote a work illustrative of the value of Bark in its treatment. My own practice is to premise an emetic; this I follow up with a combination of quinine and colchicum. If that mode of treatment fail, I have recourse to opium, arsenic, guaiac, mercury, silver, turpentine, copaiba, arnica montana, aconite or sulphur,—or combinations of them—all of which remedies have succeeded and failed in ague as well as in Rheumatism. In most instances of acute rheumatism, the first combination will be found to answer perfectly; though, in cases of long standing, you may have to run from one medicine and combination of medicine to another, before being able to bring about this desirable termina-

tion;—and it is my duty to confess to you, that in some cases, particularly where either much depletion, or much mercury, or both have been employed—as I grieve to say, they too often are in the primary treatment—you may fail with every means you may devise.

Under the head of Rheumatism, medical men also include certain muscular pains, which occur in various parts of the body, but which are unattended by any apparent morbid structural development. With nitrate of silver and prussic acid, I have often cured these pains; and with the cold plunge bath, I have sometimes succeeded after every other means had failed. Of my mode of treating acute Rheumatism, I will give you two examples.

Case 1.—A young man, aged 25, had been suffering severely from Rheumatism for four or five days before I saw him. At this time, the joints of his wrists and ancles were much swelled and exquisitely painful; his heart labored, and was in such pain as to impede his breathing; his tongue was foul and furred, and he had been occasionally delirious. I ordered an emetic, which was some time in operating, but when it did, the relief was signal. I followed this up with pills containing a combination of quinine, blue pill, and colchicum, and in two days he was sitting up with scarcely any swelling remaining in the affected joints; in two days more he had no complaint.—Not a drop of blood was taken in this case.

Case 2.—A gentleman aged thirty, after exposure to wet and cold, had a shivering fit with fever, in the course of which almost every joint in his body became swollen and very painful. He was bled, leeches, blistered, and took mercury to no purpose, before I was called in. I ordered him a combination of quinine, colchicum, and opium, which agreed so well with him, that in three days I found him free from every symptom but weakness, which I presume was as much the effect of the former sanguinary treatment, as of the disease; at any rate, he had certainly suffered very severely. But, Gentlemen, like every other disease incident to man, Rheumatism may not only be cured without loss of blood, but without any physic at all; and in evidence of this, I will read to you an extract from the writings of Sydenham; "As to the cure of Rheumatism" he says "I have often been troubled, as well as you, that it could not be performed without the loss of a great deal of blood, upon which account the patient is not only much weakened for a time, but if he be of a weakly constitution, he is most commonly rendered more obnoxious to other diseases."

for some years, when, afterwards, the matter that causes the Rheumatism [Sydenham, like Hippocrates, was a disciple of the Humoral School] falls upon the lungs, the latent indisposition in the blood being put into motion by taking cold, or upon some slight occasion. For these reasons, I endeavor to try for some other method different from Bleeding, so often repeated, to cure this disease; therefore, well considering that this disease proceeded from an inflammation, which is manifest from other phenomena, but especially from the color of the Blood, which was exactly like that of Pleuritis. I thought it was probable that this disease might be as well cured by ordering a simple cooling, and moderately nourishing diet, as by bleeding repeated, and those inconveniences might be avoided which accompanied the other method; and I found that a whey diet, used instead of Bleeding, did the business. After last summer, my neighbor Matthews, the apothecary, an honest and ingenious man, sent for me; he was miserably afflicted with a Rheumatism, accompanied with the following symptoms. He was first lame in the hip for two days, afterwards he had a dull pain upon his lungs, and a difficulty of breathing, which also went off in two days time, [both remittent,] after which his head began to pain him violently, and presently the hip of the right side which was first seized; and afterwards, according to the usual course of the disease, almost all the joints, both of the arms and legs, were afflicted by turns. He being of a weak and dry habit of body, I was afraid that by taking away much blood his strength before but infirm, would be wholly vanquished, especially the summer being so far spent, it was to be feared winter would come before he could recover his strength, weakened by frequent bleeding, and therefore I ordered that he should feed on nothing but whey for four days. Afterwards, I allowed him, besides the whey, white bread instead of a dinner, namely, once a day, till he was quite well. He, being contented with this thin diet, continued the use of it for eighteen days; only I at last indulged him in bread at supper too; he daily drank eighteen pints of whey, made at home, where-with he was sufficiently nourished. After these days, when the symptoms did no more vex him, and when he walked abroad, I permitted him to eat flesh, namely of boiled chickens, and other things of easy digestion; but every fourth day he was dieted with whey, till at length he was quite well; the inconveniences mentioned above being quite remedied by this method, with which he was grievously afflicted ten years before, bleed-

ing being then used by my order for his cure, and often repeated. If any one shall condemn this method because it is plain and artificial, I would have such a one know that only weak people despise things for their being simple and plain; and that I am ready to serve the public, though I lose my reputation by it. And I will say that I do not at all question, were it not for common prejudice, that the said method might be accommodated to other diseases, the names whereof I conceal at present, and that it would be more beneficial to the sick than the common pomp of Remedies that are used for people when they are just dying, as if they were to be sacrificed like beasts."—But

THE STONE.

You will doubtless, Gentlemen, ask me whether or not I look upon that also as an effect of intermittent fever? To this question I have only to say, that Stone must be admitted to be a result of morbid urinary secretion. Can any secretion become morbid without the previous occurrence of constitutional (in other words intermittent febrile,) change? Certainly not; then, without such change, how could stone become developed at all?—moreover, are there not times of the day, when the subject of it is better and worse, and this not altogether to be referred to the period of micturition. A "fit of the stone" is as common an expression as a fit of the ague. Drs. Prout and Roget, who have paid much attention to calculary diseases, state, that while medicines styled lithon- triptics exert but little influence in such cases, tonics have almost universally ameliorated the condition of the patient;— and what are the medicines usually termed tonics, but the remedies for ague?

Whether Gout and Rheumatism be remittent diseases or not, or whether they be remarkable for the changes of temperature and action, termed fever, nobody but such as prefer books of nosology to the book of nature and common sense, would be so ignorant as to question. Whether they be varieties of the same disease is another thing; but this I know, they are both first-cousins to ague, and by treating them as such, the practitioner may save himself a world of trouble, and the patient a world of pain, which neither might escape, in adopting the doctrine of the "pathologists," that these are inflammatory diseases, and only to be subdued by leech, lancet, and mercury to salivation. Gentlemen, laugh at the pathologists, and laugh too at their disputations, which, being all about nonsense, can never possibly come to a satisfactory conclusion.

The calculary (gritty) or stony concretions which are occasionally deposited in the different joints during Gout, suggested to medical men, even at an early period, the analogy subsisting betwixt that disease and stone. During constitutional disorders, calculus may be developed in any tissue or structure of the body. Salivary concretions are common; pulmonary calculi I have seen in two instances: in one case they were expectorated by a consumptive female who died; in the other, by a gentleman whose lungs being otherwise organically uninjured recovered his health completely by attending to the temperature of his chest, and by the occasional use of hydrocyanic acid and quinine, which I prescribed for him. This patient had previously consulted two of the best employed medical men in London, one a physician, the other a surgeon, neither of whom held out a hope for him but in a warm climate. Dr. Chalmers and Sir B. Brodie, for these were the practitioners the patient previously consulted, showed in this instance, at least, their good opinion of attention to temperature. How often the liver, gall bladder, and kidney are the seat of stone, I need not tell you. Taking place in the course of an artery, calculus is erroneously termed ossification. I wonder it never occurred to authors to call it the gout! seeing that there is at least, this resemblance betwixt them, that both generally become developed after middle age has marked the subjects of them with her seal.

There are not wanting authors who have traced an analogy betwixt Rheumatism and

CUTANEOUS DISEASE—OR

Disease of the skin—and as all disorders are cousins-german to ague, we must give them full credit for their powers of observation—stating, at the same time, our readiness to help them out to a still more comprehensive view of the relationship which subsists betwixt all “the various genera of disease.”

What a fine thing to be able to master the cloud of ridiculous distinctions and definitions by which Drs. Willan and Bateman have contrived to disguise the whole subject of Cutaneous Disorder;—to distinguish, for example, psoriasis from lepra—erythema from erysipelas, diseases only differing from each other in being acute or chronic, or from being more or less extensively developed; all, too, depending upon the same constitutional unity and integrity of state—all more or less amenable to identical agency! Most truly, then, has my Lord Bacon remarked, “Divisions only give us the husks and out-

er parts of a science, while they allow the juice and kernel to escape in the splitting.” What! I shall be asked, is Erysipelas or Rose nothing more than a result of ague—Erysipelas, for which, according to Mr. Lawrence, we must make incisions in the skin, at least a foot long—gashes not quite so short, but quite as deep as sabre wounds! Hear what Sir James Mackenzie says when describing his own case; and the accuracy of his description will scarcely be questioned, if it be remembered that previously to entering upon his legal career, Sir James had not only studied but taken his degree in physic:—“We had an unusually cheerful day,” he says “but just as I was going to bed I was attacked by a fit of shivering, which in the morning was followed by a high fever, and in two days by an erysipelas in the face. The disease went through its course mildly, but it is liable to such sudden turns, (fits;) that one is always within six hours of death.” For the value of quinine or bark in this disease I could cite many authorities, but the candor of Mr. Travers entitles his evidence to a preference. At a meeting of the Medico-Chirurgical Society, he is reported to have stated that in “a great many instances (of Erysipelas) he had found the most decided benefit from the use of Bark and other tonics, and which, at the commencement of the disease, he had often seen highly useful in the practice of others, even in cases where he would have employed the antiphlogistic treatment, if the patients had fallen into his own hands.—*Lancet*.”

Every medical man of experience knows that Erysipelas is very often epidemic; in other words, it prevails at a particular time to a greater or less extent among a particular people or class of people. Wherefore it seems to depend upon a peculiar constitution of atmosphere; for during the time it is prevalent in camps or cities, the slightest scratch on the skin will set it up. I have known it follow the application of a blister to the chest, and I remember, when in Edinburgh Castle with the Royals, I was obliged to tell the officer commanding the troops a little of my mind upon the subject of corporeal punishment: one poor fellow had just escaped with his life from the Erysipelas brought on by a flogging. But even at periods when the disease is not epidemic, it may be produced by any one of the thousand things that daily occur in life. Cold and wet are frequent causes; and there are individuals who cannot take mercury in any shape or dose without being liable to an attack of it—nevertheless, I have myself cured many cases with mercury. The best practice, however, is to treat it like other acute

fevers. Begin with emetics and follow them up with arsenic or quinine; this practice will apply to all acute diseases of the skin, by whatever names they may be known or distinguished.

What are the causes of cutaneous disease generally? Every thing that can set up Fever;—and what agent in nature, when abused, may not do that? Cutaneous disease may be produced by mechanical injury even—a blow, or a fall, for example. A friend of mine, who hunts a great deal, has had several falls from his horse, and on each occasion the accident was followed by an eruption all over his skin. I have known eruptions to be a constant effect of the introduction of a bougie into the urethra of a particular individual. What will the gentlemen of the Humoral school say to this? for you know the partizans of that school trace all such diseases to a “morbid ingredient in the blood,” and they look upon eruptions as an effort of nature to expel the “peccant humor.” Be careful, they tell you not to drive it in! Now, what is an eruption but the effect of a tendency to decomposition of the matter entering into a detached portion of the cuticular tissue, so as to produce an arrangement and motion of the atoms composing it different from their motion and arrangement in health? Such caution, therefore, amounts exactly to this: be careful that you do nothing that shall make these cuticular atoms resume their respective places and motions in the economy, so as to resemble the healthy skin! See, then, to what a ridiculous pass the humoral doctrine leads us! When that doctrine was more prevalent than it is at present, cutaneous diseases were very generally classed under the head of “Scurvy,” or Scorbutic; whoever had eruptions on his skin of a chronic character, was said to have the scurvy. Now, if this phrase had been used simply as a sign or “counter to reckon by,” no great harm could have ensued; but like “scrofula,” and the “gout” “Scurvy” in process of time came to perform the part, not of a sign merely, but of a corporeal something—an indefinite entity or essence,—or any thing but a real sense, which, like a will-o-the-wisp, played its “fantastic tricks” now in this part of the body, now in that. Some wise professor made his pupils suppose that he had detected it in the Blood even; and from that moment not only did people believe that Scurvy was a specific disease, but the whole faculty were anxious to discover a specific remedy for it. A specific for what, Gentlemen? for an “airy nothing,” that only existed in the theoretic visions of their own most mystified brains.

You may stare as you please—but this, after all, is the truth. What, then, you will demand, is the disease which doctors call “ship-scurvy!” Now to this most reasonable question, I will endeavor to reply in a reasonable manner. Having been myself for months at sea without landing or seeing land, my evidence may be just as good as that of others who have handled the subject before me. During long and harassing voyages, what from being forced by foul weather to sleep under closed and consequently unventilated decks—what from being obliged to watch and work hard upon a short allowance of food and water—together with the anxiety and depression of spirits produced by “hope deferred,” the men gradually begin to show signs of a constitutional “break up.” You will find them with faces pale and bloated;—their skins rough, rugged, and exhibiting petechiae and haemorrhagic ulcers; their gums weak, spongy, and bleeding; their hair harsh, dry and falling away, and their bowels subject to fluxes; a low fever wastes them day by day and night by night, and they become at last so ill as to faint from the least exertion. This is Ship Scurvy,—not depending upon a something noxious in the blood, but upon a positive want of something essential to its healthy reproduction. And how, think you, is this disease to be cured? By wholesome food and pure air you will naturally reply. No such thing, Gentlemen; nothing so simple would do for scientific people. It can only be cured by Lemon Juice! Lemon Juice, according to the greatest medical professors is not only a preventive of the bad effects of starvation—but a substitute for pure air and proper food in the cure of diseases produced by a deprivation of both! Now, it is a curious fact in the history of ship scurvy, that just about the time that lemon juice came into fashion as a cure for it, great improvements began to be made in navigation, as also in ship building, and in the ventillating and victualling of fleets; voyages that formerly took up a year, can now be completed in a month or two, and the natural good effects of all this upon the habits and constitution of the seamen are up to this moment, very modestly claimed by the doctors as the result of their employment of lemon juice. And not only are there fools in the world, but philosophers also, who daily echo this trumpery story!

There is not a disorder of the skin, however named, that I have not myself cured with QUININE,—and I have met with examples of every kind of skin disease, that have baffled me with every thing I could

think of. I may here, nevertheless, state in regard to cutaneous disease generally, that I have not very often been at a loss, while I had at my disposal quinine, arsenic, oxymuriate of mercury, hydriodate of potass, creosote, iron, and lead. In a very obstinate case of scalled-head, the subject of which was a young artist of talent, a combination of belladonna and stramonium effected a complete cure in about a fortnight. The disease, in this instance, had been upwards of twelve months standing, and had resisted the prescriptions of some of the ablest men of Dublin and London. Baths, of which I shall afterwards speak, I have also found of great service in diseases of the skin—and what, Gentlemen, do all these remedies come to at last, but to thermal change?

In the great majority of instances, then, the local disorder from which physicians now almost invariably name disease, and to which they almost invariably confine their attention, is only one of the many features of universal disturbance. So far from being the causes of such disturbance, the local tendencies to disorganization are merely hereditary or accidental developments occurring in its course—developments expressive, for the most part, of the weak points of individual constitution—though sometimes determined by climate or other speciality of cause. In England, for example, the viscera of the chest are the organs which chiefly suffer, while in the East and West Indies, the liver and other contents of the abdomen become more frequently implicated. Remittent fever, I need not say, is the parent of both.

Injuries, passions, poisons, then, are each capable of producing the same constitutional disturbance with every kind and degree of organic change to which the subjects of them may, by original weakness of configuration, be predisposed. To use a homely phrase—"when the whole house shakes, the worst built room suffers most,"—and this, of course, differs with every house. A blow on the head, nay, an injury to so minute a member as the finger, may produce a general febrile disorder, ending in abscess of the lungs or liver, according to the predisposition of the patient. Even in the course of the Contagious or Pustular Fevers, we daily find all kinds of organic change developed—change which no man in his senses would place in the light of a Cause of those fevers. Among the organic and other disturbances induced by the

SMALL-POX FEVER

or *VARIOLA*, as it is called by the profession, I have noticed sore throat, deafness, dropsy,

consumption, glandular swellings, rheumatism, and palsy, just as I have seen the same localisms developed in the course of a common remittent fever,—such sequelæ depending, of course, upon the original predisposition of the patient to the development of this or that complaint by any agency capable of injuring the general constitution. And how should it be otherwise, when we come to reflect that the Small-Pox Fever, like every other fever, consists in a succession of paroxysms so exactly resembling ague, that, before the appearance of the eruption, it cannot possibly be distinguished from it! Nor, so far as individual treatment is concerned, does that matter a straw, for however perfectly specific the cause of the disorder undoubtedly is, the disease itself admits of no specific mode of treatment. To shorten the cold stage, you may resort to the nearest cordial you can get. During the hot, keep the patient as cool as possible, or endeavor to break it by an emetic, which, in nine times out of ten, you may easily do; and when that and the sweating stage are ended, endeavor to prolong the interval of remission by opium, hydrocyanic acid, or quinine. That I believe comprehends nearly the whole duty of the physician in this, as in every other acute disorder. By a reverse course, the most perfectly curable case of small-pox may be very speedily rendered malignant. During the spring of 1824, a great many instances of the disease occurred in Edinburgh, and I remember two cases which, from the difference of the practice employed, and from the difference of the results, made a strong impression upon my mind. The first case was treated by the late Dr. Mackintosh by repeated bleeding and purgation; in consequence of which the patient became delirious, and the pustules were rendered confluent. The subject of the second case was myself; having frequently visited the former gentleman during his illness, I may fairly presume I took the infection from him. But the treatment in my own instance, was restricted to an occasional antimonial, and an opiate about seven in the evening, which had the effect of either entirely preventing the anticipated paroxysm, or of rendering it so trifling as to pass without observation. On two occasions it was neglected, and a night of fever and restlessness was each time the result. I was out of the house in ten days, and, as you see, I have not a perceptible mark on my countenance, while the other gentleman was confined to his room for more than a month, barely escaping with his life, and when he made his appearance in the streets.

his face was so disfigured by scars, that his most intimate friends did not know him when he addressed them. During the autumn and winter of 1825, while I attended the Parisian Hospitals, the small-pox was raging fearfully in France. But so unsuccessful was the treatment employed, bleeding, leeching, and purgation, that the dissecting-rooms of Paris were literally crowded with the bodies of the people who had died of the disease. Some of these bodies bore the mark of *vaccination* on their arms. But what is Vaccination? Vaccination is only the artificial introduction into the human system of an animal *poison*; and it was first practised by Dr. Jenner of Berkley, in Gloucestershire. Now Jenner was a man of great observation, great penetration—a man upon whom facts were never lost, not a mere collector of facts, not one of those poor creatures who cry “facts, facts; give me facts, I never think,”—men who might as wittily cry “Bricks, bricks, give me bricks, I never Build!” Of quite a different stamp was Dr. Jenner. Practising his profession, chiefly at first among the poor of his native country, from them he learned that the people connected with dairies had their hands very often attacked with an eruptive disease, which they traced to a similar eruption on the teats of the cows they milked, and their general belief was that such as had this eruption could not take the small-pox. All through Gloucestershire this fact was known to the peasantry, but the wise doctors only looked upon it as a popular superstition. Not so Jenner,—who set about an investigation, and he discovered it to be the truth; and, in spite of the greatest opposition from men of his own profession, and others whom they secretly influenced, he finally succeeded in establishing the practice of vaccination, so called from *vacca*, the Latin for cow. Jenner, then, was the first who artificially introduced cow-pox as a preventative of small-pox; and that it is indeed a preventative you will have no difficulty in believing, if you choose to recall to memory the number of persons whose faces were fretted and seamed by the small-pox in your younger days, and the few instances of a similar kind you meet with in these times, since vaccination has been practised. Do you doubt the preventive effect of Small-pox against a recurrence of small-pox? No more can you doubt the effect of vaccination—for though small-pox does occasionally attack individuals who have previously undergone vaccination, so also does it recur occasionally in persons who bear the indelible marks of having previously suffered

from small-pox itself. What is the Vaccine disease but a modification of the small-pox? It is small-pox in a milder form, a fact which Jenner suspected, and which Mr. Ceely of Aylesbury has recently proved by a very simple experiment. He first inoculated a cow with the matter of a Small-pox pustule. From the new pustules which were in due time produced in that animal, he took matter and inserted it into the arm of a child. The vaccine or cow-pox pustule was the result!—and these experiments he has several times repeated with the same success, in the presence of many medical men,—so that the cause of small-pox in man (whatever its real nature be) becomes so altered in its vaccine or Cow modification, as to constitute a most valuable preventative against the severer form. What is the nature of the specific agent which produces and reproduces, through such an infinity of individuals, an effect so generally specific? Can it be, as Linnæus thought, of an animalculine character? or, is it at all analogous to the influence produced by the magnet on iron? which metal, you all know, may, from the contact of a magnet, become itself magnetic. These are the most probable relations in which the subject may be viewed—if, indeed, it have not some analogy to the continuation and reproduction of all animal life.

There are a few questions, connected with this subject, which I confess myself unable to answer. Perhaps the ingenuity of some of you may solve them for me.

1. Why is Small-pox, when directly inoculated, more generally mild than when taken casually by infection?

2. Why, after Vaccination, have we, in the majority of cases, only one pustule instead of many, as in cases of the small-pox?

3. Why is the Cow-pox not infectious, like Small-pox—seeing that it is a mere modification of identical agency? The cow-pox, so far as we know, can only be communicated by direct inoculation.

4. Has the protection which the Cow-pox and the Small-pox afford to the constitution against recurrence, any analogy to agricultural exhaustion—to the impossibility to obtain more than a given number of successive crops of a particular herbage, from a particular soil, in a given period of years?

But the small-pox fever is not the only fever which once having attacked an individual during his life, for the most part renders him unsusceptible of recurrence;—all the truly contagious fevers have this effect—Chicken pox, Measels, Scarlet-fever, Hooping-cough, seldom affect the constitution above once in life—though sometimes, like

Small-pox, they make their appearance twice and even three times in individuals. By some authors, the Chicken pox has been supposed to be a modification of Small-pox—an opinion to which I myself lean—for when we consider how remarkably small-pox becomes modified after vaccine transmission, we can scarcely doubt that it may admit of still further modifications, by passing through the bodies of other animals besides the cow. This much is certain, that every one of the contagious diseases has the most perfect analogy to the ague—seeing that all have remissions and exacerbations of fever more or less perfect in kind, and that all are more or less amenable to the chrono-thermal remedies—not one of which remedies, however, possess such specific influence over them, as to be exclusively relied upon in the treatment of any case. Is not this the best of all proofs that there is no Specific in physic? If in a most decidedly specific disease we have no specific remedial agency, how can we possibly expect to find such for any one of the great family of disorders which may be produced by anything and everything that can derange the general health? Yet Dr. Holland hopes that medical men may one day find a specific for Gout, and another for Consumption—diseases which may be produced and cured by any agency that can alter the moving powers of particular individuals!

Is the

PLAGUE

an intermittent fever?—The case of Corporal Farrel, as detailed by Dr. Calvert, [*Medico-Chirurgical Transactions*] will be a sufficient answer to the question:—"This man had been standing in the sea on the 10th of November, upwards of an hour, to wash and purify his clothes, according to an order to that effect. On coming out of the water he was seized with violent shivering and headache, succeeded by heat of skin, and afterwards by sweating, which alleviated the distressing symptoms. On the following day the paroxysm was repeated. He was permitted to remain in the barracks from a belief that his complaint was intermittent fever. The next day his fever returned as usual, but it now declared itself to be the PLAGUE by a bubo (glandular swelling) arising in the groin, while the seat of the pain seemed to be suddenly transferred from the head to that part. The paroxysm was again followed by intermission or remission. But the next morning, while dressing himself to go to the lazaret, he dropped down and expired."

Disputes still exist as to whether Plague be contagious or not. On whichever side truth lies, there can be no difficulty as to the

proper treatment. The indications, in Plague as in simple intermittent fever, or the Small-pox, are to regulate the temperature in the cold and hot stages, by the means already pointed out, and to prolong the remission by quinine, opium, arsenic, &c., according to particular constitutions. Treated in this manner, the disease could not by any possibility be more fatal than we are told it is under the present routine of practice. "In all our cases," says Dr. Madden, "we did as all other practitioners did,—we continued to bleed, and the patients continued to DIE!"—[*Madden's Constantinople.*]

From the same candid author, I find that the

YELLOW FEVER

of the West Indies, is not less remarkable for its periodic remissions and exacerbations than for the shiverings and alternations of temperature characteristic of every other disorder. The yellow appearance of the patient, like the milder jaundice of our own climate, is a mere effect of spasm of the gall ducts. Jaundice, then, is a symptom, not a disease; it is the result of spasm developed in the course of a febrile paroxysm. People will say, "You would not give Quinine or Bark in jaundice." But wherefore not? seeing I could muster a good half-hundred instances where I myself have cured the disease by one or the other. Dr. Madden details a case of yellow fever cured by Quinine, a case in which he says, "had the gentleman been bled, after the fashion of the country, I think in all probability he would have died; or had he survived, that he would have had left a debilitated constitution and a dropsical diathesis to encounter in his convalescence."

Previous to my embarkation for the East Indies, where it was my chance to serve five years as a medical officer of the army, I read Dr. James Johnson's work on the "Diseases of Tropical Climates." Impressed when a boy with his pretty style, I put his sanguinary treatment and his twenty-grain doses of calomel to the test. But so far from confirming his assertions, my own after-experience led me to adopt conclusions much the same as Dr. Madden. Capt. Owen of the Royal Navy, too, who could neither have a theory to support nor any interested end to serve one way or the other, details at great length the mortality which took place among his people while employed in surveying the African coast. "It may, in fact, be questioned," says this intelligent navigator, "whether our very severe losses were not, in some measure, attributable to European medical practice, Bleeding and Calomel being decidedly the most deadly enemies in a tropical climate.—

During the whole time of the prevalence of the fever, we had not one instance of perfect recovery after a liberal application of the lancet or of this medicine." Captain Owen farther states, that he himself recovered without either bleeding or calomel, while the ship-doctor fell a martyr to his medical faith,—he bled himself, took calomel, and died ! [The above remarks were first printed in 1840.—Two years afterwards, 12th November 1842, extracts from the Report of the Select Committee on the Western coast of Africa, appeared in the Times newspaper, wherein, among other things, is the following: "The bleeding system has fortunately gone out of fashion, and the frightful mortality that attended its practice, is now no longer known on board our ships." Dr. James Johnson, are you satisfied?]

But the Eastern practitioner will tell me possibly, that

DYSENTERY

cannot be safely treated in any other fashion. Is he sure he knows exactly what is meant by the word Dysentery? I shall say nothing of its etymology but rather give you the symptoms included by Sydenham under the name. "The patient," he tells us, "is attacked with a chilliness and shaking, which is immediately succeeded by a heat of the whole body. Soon after this gripes and stools follow." What then, Gentlemen, is this dysentery but an ague, with increase of secretion from one surface instead of another—from the mucous surface of the bowels instead of the skin, and the skin remembrance is only a continuation of the mucous membrane of the bowels. Now, Dr. Cumming, late of the East India Company's medical service, informs us, that while ascending the Nile in 1836, he was attacked with dysentery. After suffering for a week with "intervals of remission," he fairly gave himself up, and so did his attendants, for he had nothing in the shape of medicine with him. As a forlorn hope, however, he ordered his guide to sponge him with warm water. And this simple remedy [attention to temperature,] with fomentation of the abdomen, was the only treatment employed. He took a little wine and water, which remained upon his stomach; he then became drowsy, slept for a short time, felt his skin less hot and burning, and, in brief, began to recover, and that rapidly. In about a week afterwards, he writes in his journal: "My recovery is almost complete, and the rapidity of my convalescence leads me to contrast my late attack with a precisely similar one which I had at Cawnpore in the autumn of 1829. On that occasion I was largely bled

at the arm, had *fifty* leeches applied to the abdomen, and during the first four days of the disease, in addition to extensive mercurial frictions, I swallowed *two hundred and sixteen grains* of calomel. True, I recovered; or rather I did not die! whether in consequence, or in spite of the above heroic treatment, I will not venture to say. My face was swollen to an enormous size, every tooth was loose in my jaws, and for six or eight weeks I could eat no solid food; my constitution received a shock from which it never fairly recovered, and I was obliged to come to Europe on furlough. On the present occasion, fortunately for me, the *vis medicatrix naturæ* was my sole physician, [he forgot the sponging part!] and I am now almost as well as before the attack commenced. British medical practice, in my humble opinion, deals too much in heroics."

That opinion, Gentlemen, I hope, is now yours also—it has many years been mine. Such a case, from such a quarter, must doubtless be more than sufficient to warn you against the sanguinary and mercurial practice introduced into the East by the influence of Dr. James Johnson's *Work on the Diseases of India*. What an idea, first to break down by the lancet and mercury to salivation the attractive power of every atom of the body, in the expectation of thereby strengthening its weakest parts! Does this savour of mania, or does it not? and that too, as I hinted before, madness of rather a homicidal kind?

DROPSY.

How can there be a morbid superabundance of any secretion without a corresponding change of temperature? He who will rigidly scrutinize this disease shall find that the same shiverings and fever which precede the sweat of ague, usher in the tumid abdomen and swollen legs of Dropsy. Dropsy, then, may be termed an Ague with inward sweat. That it is a remittent disease may be seen by the palpable diminution of the swelling on particular days; to say nothing of the hopes both of the patient and physician on such days being excited by general improvement throughout. How should the disease be treated? Not, according to modern practice, by diuretics and sudorifics solely; but by a combination and alternation of these remedies with the medicines of acknowledged efficacy in that most perfect type of all disease, the ague. Of cases successfully treated by me in this manner, I could give you hundreds—but to what purpose? The recital would only comprehend the symptoms of ague with increase of the natural secretions of the vari-

ous cavities even to effusion, (or cellular substance) instead of perspiration by the skin; and the remedies, as you may guess, quinine, opium, arsenic, hydrocyanic acid, combined or alternated with creosote, squill, ipecacuanha, colchicum, mercury, &c. What other proofs do you want of the unity of all disease? The Paymaster-Sergeant of the Royals had dropsy, which, notwithstanding the usual treatment by diuretics, purgatives, &c., was daily getting worse, when Dr. Stephenson, of the 13th Dragoons, suggested the application of poultices of *lichen vulgaris* to the loins. From that day the amendment was rapid, and the patient subsequently got well. Now, Gentlemen, everybody believed that there must have been some magical virtue in the lichen. But Mr. Brady, the surgeon of the regiment, thinking that the plant had less to do with the cure than the heat which, in the form of a poultice, it produced, determined to try poultices made with *rice* in a case exactly similar. The result was the same—a cure; proving how right he was in his conjecture. Since I have entered into private practice, I have repeatedly applied poultices to the loins with advantage, and have also, with the assistance of plasters of pitch, galbanum, &c., succeeded in curing cases of dropsy, that resisted every kind of internal remedy.

CHOLERA,—

the scourge of nations—will cholera be found to partake of the same universal type of disease, the *ague*? You will be the best judges, Gentlemen, when I draw my parallel. While in India I had ample opportunities for ascertaining its nature. Tremulous and spasmodic action belong equally to *ague* and to cholera; vomiting or nausea characterises both. The *ague* patient has sometimes diarrhoea or looseness; oppression at the chest, and coldness of the whole body are the primary symptoms of each. The increased flow of pale urine, so often remarked in *ague*, is an occasional symptom of epidemic cholera. In more than one instance of cholera, which came under my observation while serving in the East, that secretion passed involuntarily from the patient a short time before death. Suppression of urine, so common in the late epidemic, was a frequent symptom of the Walcheren *ague*. When there is no hot fit or reaction, death is usually preceded by a sleepy stupor in both. You have *ague*, too, with hot skin and bounding pulse, a state analogous to the milder forms of cholera, in which you remark the same phenomena. When not fatal, cholera, like *ague*, has a hot and sweating stage. Moreover, when *ague* terminates life

by a single paroxysm, you find the same appearances after death in the bodies of both. Lastly, phrensy, disease of the lungs, liver, and spleen, with dysentery and dropsy, to say nothing of epilepsy and apoplexy, have been the occasional sequelæ of each. Cholera, then, is an extreme of the cold stage of *ague*.

What are the remedies most beneficial in Cholera? Attention to temperature comprehends every thing that has either failed or succeeded. Were I myself to become the subject of it, I should feel inclined to trust more to a bottle of brandy than to any thing contained in the *Materia Medica*. While serving in the East Indies I saw many hundred cases of the disorder, but I never could convince myself of the superiority of any one kind of *medical* treatment over another. In my Work upon the Diseases of India, I have proved that death, in the great majority of instances of cholera, takes place from a palsy of the pneumo-gastric nerves,—those nerves that influence the functions of the lungs and stomach. If you divide these nerves in the dog, you have the essential symptoms of Cholera, viz., loss of voice, vomiting, and difficult breathing always,—cramps and flatulence frequently; and the animal seldom survives the third day. On dissection, you find the vessels of the head, lungs, and intestines, filled with black blood. That is exactly what you find on opening the bodies of persons who have died of cholera. Shortly after my return from India, Dr. Wilson Philip read a paper at the Westminster Medical Society, in which he took the very same view of Cholera, but wherein he forgot to say that his views of the disease had been every one of them anticipated in my Remarks upon it, published in the *Lancet* some months before I quitted India.

Poisoning by Arsenic.

M. Grimaud, a chemist at Poitiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall be sold only when mixed with a certain quantity of sulphate of iron and cyanure of potash. About one per cent. of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shews itself either by colour or smell, when used in the various aliments fit for man. Thus, arsenic prepared this way, and thrown into warm meat soup, gives immediately a green bronze colour; into hot milk, an opal; into red wine, a violet; into bread, a deep blue; and so on for 20 mixture, on which M. Grimaud has made experiments.—*Galignani's Messenger*.

MISS MARTINEAU'S LETTERS ON
MESMERISM.

LETTER I.

Tynemouth, Nov. 12.

It is important to society to know whether Mesmerism is true. The revival of its pretensions from age to age makes the negative of this question appear so improbable, and the affirmative involves anticipations so vast, that no testimony of a conscientious witness can be unworthy of attention. I am now capable of affording testimony: and all personal considerations must give way before the social duty of imparting the facts of which I am possessed.

For some years before June last, I was in the class of believers upon testimony. I had witnessed no mesmeric facts whatever; but I could not doubt the existence of many which were related to me without distrusting either the understanding, or the integrity, of some of the wisest and best people I knew. Nor did I find it possible to resist the evidence of books, of details of many cases of protracted bodily and mental effects. Nor, if it had been possible, could I have thought it desirable or philosophical to set up my negative ignorance of the functions of the nerves and the powers of the mind, against the positive evidence of observers and recorders of new phenomena. People do not, or ought not, to reach my years without learning that the strangeness and absolute novelty of facts attested by more than one mind is rather a presumption of their truth than the contrary, as there would be something more familiar in any devices or conceptions of men; that our researches into the powers of nature, of human nature with the rest, have as yet gone such a little way that many discoveries are yet to be looked for; and that, while we have hardly recovered from the surprise of the new lights thrown upon the functions and texture of the human frame by Harvey, Bell, and others, it is too soon to decide that there shall be no more as wonderful, and presumptuous in the extreme to predetermine what they shall or shall not be.

Such was the state of my mind on the subject of Mesmerism six years ago, when I related a series of facts, on the testimony of five persons whom I could trust, to one whose intellect I was accustomed to look up to, though I had had occasion to see that great discoveries were received or rejected by him on other grounds than the evidence on which their pretensions rested. He threw himself back in his chair when I began my story, exclaiming, "Is it possible that you

are bit by that nonsense?" On my declaring the amount of testimony on which I believed what I was telling, he declared, as he frequently did afterwards, that if he saw the incidents himself, he would not believe them; he would sooner think himself and the whole company mad than admit them. This declaration did me good; though of course, it gave me concern. It showed me that I must keep my mind free, and must observe and decide independently, as there could be neither help nor hindrance from minds self-exiled in this way from the region of evidence. From that time till June last, I was, as I have said, a believer in Mesmerism on testimony.

The reason why I did not qualify myself for belief or disbelief on evidence was a substantial one. From the early summer of 1839, I was, till this autumn, a prisoner from illness. My recovery now, by means of mesmeric treatment alone, has given me the most thorough knowledge possible that Mesmerism is true.

This is not the place in which to give any details of disease. It will be sufficient to explain briefly, in order to render my story intelligible, that the internal disease, under which I have suffered, appears to have been coming on for many years; that after warnings of failing health, which I carelessly overlooked, I broke down, while travelling abroad, in June, 1839; that I sank lower and lower for three years after my return, and remained nearly stationary for two more preceding last June. During these five years, I never felt wholly at ease for one single hour. I seldom had severe pain; but never entire comfort. A besetting sickness, almost disabling me from taking food for two years, brought me very low; and, together with other evils, it confined me to a condition of almost entire stillness—to a life passed between my bed and my sofa. It was not till after many attempts at gentle exercise that my friends agreed with me that the cost was too great for any advantage gained: and at length it was clear that even going down one flight of stairs was imprudent. From that time I lay still; and by means of this undisturbed quiet, and such an increase of opiates as kept down my most urgent discomforts, I passed the last two years with less suffering than the three preceding. There was, however, no favorable change in the disease. Every thing was done for me that the best medical skill and science could suggest, and the most indefatigable humanity and family affection devise: but nothing could avail beyond mere alleviation. My dependence upon opiates was desperate. My kind and vigilant medical friend—the most

sanguine man I know, and the most bent upon keeping his patients hopeful—avowed to me last Christmas, and twice afterwards, that he found himself compelled to give up all hope of affecting the disease—of doing more than keeping me up, in collateral respects, to the highest practicable point. This was no surprise to me; for when any specific medicine is taken for above two years without affecting the disease, there is no more ground for hope in reason than in feeling. In June last, I suffered more than usual, and new measures of alleviation were resorted to. As to all the essential points of the disease, I was never lower than immediately before I made trial of Mesmerism.

If, at any time during my illness, I had been asked with serious purpose, whether I believed there was no resource for me, I should have replied that Mesmerism might perhaps give me partial relief.

After my medical friend's avowal of his hopelessness, however, I felt myself not only at liberty, but in duty bound, to try, if possible, the only remaining resource for alleviation. I felt then, and I feel now, that through all mortification of old prejudices, and all springing up of new, nobody in the world would undertake to say I was wrong in seeking every recovery by any harmless means, when every other hope was given up by all: and it was not recovery that was in my thoughts, but only solace. It never presented itself to me as possible that disease so long and deeply fixed could be removed; and I was perfectly sincere in saying that the utmost I looked for was release from my miserable dependence on opiates. Deep as are my obligations to my faithful and skilful medical friend, for a long course of humane effort on his part, no one kindness of his has touched me so sensibly as the grace with which he met my desire to try a means of which he had no knowledge or opinion, and himself brought over the Mesmerist under whom the first trial of my susceptibility was made.

Last winter, I wrote to two friends in London, telling them of my desire to try Mesmerism, and entreating them to be on the watch to let me know if any one came this way of whose aid I might avail myself.—They watched for me, and one made it a business to gain all the information she could on my behalf; but nothing was actually done, or seemed likely to be done, when in June a sudden opening for the experiment was made, without any effort of my own, and on the 22nd I found myself, for the first time, under the hands of a Mesmerist.

It all came about easily and naturally at last. Mr. Spencer T. Hall being at New-

castle lecturing, my medical friend went out of curiosity, was impressed by what he saw and came to me very full of the subject. I told him what was in my mind; and I have said above with what a grace he met my wishes, and immediately set about gratifying them.

At the end of four months I was, as far as my own feelings could be any warrant, quite well. My mesmerist and I are not so precipitate as to conclude my disease yet extirpated, and my health established beyond all danger of relapse; because time only can prove such facts. We have not yet discontinued the mesmeric treatment, and I have not re-entered upon the hurry and bustle of the world; the case is thus not complete enough for a professional statement. But, as I am aware of no ailment, and am restored to the full enjoyment of active days and nights of rest, to the full use of my powers of body and mind, and as many invalids, still languishing in such illness as I have recovered from, are looking to me for guidance in the pursuit of health by the same means, I think it right not to delay giving a precise statement of my own mesmeric experience, and of my observation of some different manifestations in the instance of another patient in the same house.

On Saturday, June 22nd, Mr. Spencer Hall and my medical friend came, as arranged, at my worst hour of the day, between the expiration of one opiate and the taking of another. By an accident the gentlemen were rather in a hurry—a circumstance unfavorable to a first experiment. But result enough was obtained to encourage a further trial, though it was of a nature entirely unanticipated by me. I had no other idea than that I should either drop asleep or feel nothing. I did not drop asleep, and I did feel something very strange.

Various passes were tried by Mr. Hall; the first of those that appeared effectual, and the most so for some time after, were passes over the head, made from behind—passes from the forehead to the back of the head and a little way down the spine. A very short time after these were tried, and twenty minutes from the beginning of the seance, I became sensible of an extraordinary appearance, most unexpected, and wholly unlike anything I had ever conceived of. Something seemed to diffuse itself through the atmosphere—not like smoke, nor steam, nor haze—but most like a clear twilight, closing in from the windows and down from the ceiling, and in which one object after another melted away, till scarcely anything was left visible before my wide opened eyes. First, the outlines of all objects were blurred; then

a bust, standing on a pedestal in a strong light, melted quite away; then the opposite bust, then the table with its gay cover, then the floor, and the ceiling, till one small picture, high up on the opposite wall, only remained visible—like a patch of phosphoric light. I feared to move my eyes, lest the singular appearance should vanish; and I cried out, “O! deepen it! deepen it!” supposing this the precursor of the sleep.—It could not be deepened, however; and when I glanced aside from the luminous point, I found that I need not fear the return of objects to their ordinary appearance while the passes were continued. The busts reappeared, ghost-like, in the dim atmosphere, like faint shadows, except that their outlines, and the parts in the highest relief, burned with the same phosphoric light. The features of one, an Isis with bent head, seemed to be illumined by a fire on the floor, though this bust has its back to the windows. Wherever I glanced, all outlines were dressed in this beautiful light: and so they have been at every seance, without exception, to this day; though the appearance has rather given away to drowsiness since I left off opiates entirely. This appearance continued during the remaining twenty minutes before the gentlemen were obliged to leave me.—The other effects produced were, first, heat, oppression and sickness, and, for a few hours after, disordered stomach: followed, in the course of the evening, by a feeling of lightness and relief, in which I thought I could hardly be mistaken. On occasions of a perfectly new experience, however, scepticism and self distrust are very strong. I was aware of this beforehand, and also, of course of the common sneer—that Mesmeric effects are “all imagination.” When the singular appearances presented themselves, I thought to myself,—“Now, shall I ever believe that this was all fancy? When it is gone, and when people laugh, shall I ever doubt having seen what is now as distinct to my waking eyes as the rolling waves of yonder sea, or the faces round my sofa?” I did a little doubt it in the course of the evening: I had some misgivings even so soon as that; and yet more the next morning, when it appeared like a dream.

Great was the comfort, therefore, of recognizing the appearances on the second afternoon. “Now,” thought I, “can I again doubt?” I did, more faintly; but, before a week was over, I was certain of the fidelity of my own senses in regard to this, and more.

There was no other agreeable experience on this second afternoon. Mr. Hall was exhausted and unwell, from having mesmerized many patients; and I was more oppres-

sed and disordered than on the preceding day, and the disorder continued for a longer time: but again, towards night, I felt refreshed and relieved. How much of my ease was to be attributed to Mesmerism, and how much to my accustomed opiate, there was no saying, in the then uncertain state of my mind.

The next day, however, left no doubt. Mr. Hall was prevented by illness from coming over, too late to let me know. Unwilling to take my opiate while in expectation of his arrival, and too wretched to do without some resource, I rang for my maid, and asked whether she had any objection to attempt what she saw Mr. Hall do the day before. With the greatest alacrity she complied. Within one minute the twilight and phosphoric lights appeared; and in two or three more, a delicious sensation of ease spread through me,—a cool comfort, before which all pain and disease gave way, oozing out, as it were, at the soles of my feet. During that hour, and almost the whole evening, I could no more help exclaiming with pleasure than a person in torture crying out with pain. I became hungry, and ate with relish, for the first time for five years. There was no heat, oppression, or sickness during the seance, nor any disorder afterwards.—During the whole evening, instead of the lazy hot ease of opiates, under which pain is felt to lie in wait, I experienced something of the indescribable sensation of health, which I had quite lost and forgotten. I walked about my rooms, and was gay and talkative. Something of this relief remained till the next morning; and then there was no re-action. I was no worse than usual; and perhaps rather better.

Nothing is to me more unquestionable and more striking about this influence than the absence of all re-action. Its highest exhilaration is followed, not by depression or exhaustion, but by a further renovation. From the first hour to the present, I have never fallen back a single step. Every point gained has been steadily held. Improved composure of nerve and spirits has followed upon every mesmeric exhilaration. I have been spared all the weaknesses of convalescence, and have been carried through all the usually formidable enterprises of return from deep disease to health with a steadiness and tranquillity astonishing to all witnesses. At this time, before venturing to speak of my health as established, I believe myself more firm in nerve, more calm and steady in mind and spirits, than at any time of my life before. So much, in consideration of the natural and common fear of the mesmeric influence as pernicious excitement—as a kind of intoxication.

When Mr. Hall saw how congenial was the influence of this new Mesmerist, he advised our going on by ourselves, which we did until the 6th of September.

I owe much to Mr. Hall for his disinterested zeal and kindness. He did for me all he could; and it was much to make a beginning, and put us in the way of proceeding.

LETTER II.

I next procured, for guidance, Deleuze's 'Instruction Pratique, sur le Magnetisme Animal.' Out of this I directed my maid: and for some weeks we went on pretty well. Finding my appetite and digestion sufficiently improved, I left off tonics, and also the medicine which I had taken for two years and four months, in obedience to my doctor's hope of affecting the disease,—though the eminent physician who saw me before that time declared that he had "tried it in an infinite number of such cases, and never knew it avail." I never felt the want of these medicines, nor others which I afterwards discontinued. From the first week in August, I took no medicines but opiates; and these I was gradually reducing. These particulars are mentioned to show how early in the experiment Mesmerism became my sole reliance.

On four days, scattered through six weeks, our *seance* was prevented by visitors, or other accidents. On these four days, the old distress and pain recurred; but never on the days when I was mesmerized.

From the middle of August (after I had discontinued all medicines but opiates,) the departure of the worst pains and oppressions of my disease made me suspect that the complaint itself,—the incurable, hopeless disease of so many years,—was reached; and now I first began to glance towards the thought of recovery. In two or three weeks more, it became certain that I was not deceived; and the radical amendment has since gone on, without intermission.

Another thing, however, was also becoming clear: that more aid was necessary. My maid did for me whatever, under my own instruction, good-will and affection could do. But the patience and strenuous purpose required in a case of such long and deep seated disease can only be looked for in an educated person, so familiar with the practice of Mesmerism as to be able to keep a steady eye on the end, through all delays and doubtful incidents. And it is also important, if not necessary, that the predominance of will should be in the Mesmerist, not the patient.

The offices of an untrained servant may avail perfectly in a short case,—for the removal of sudden pain, or a brief illness; but, from the subordination being in the wrong party, we found ourselves coming to a stand.

The difficulty was abolished by the kindness and sagacity of Mr. Atkinson, who had been my adviser throughout. He explained my position to a friend of his—a lady, the widow of a clergyman, deeply and practically interested in Mesmerism—possessed of great Mesmeric power, and of those high qualities of mind and heart which fortify and sanctify its influence. In pure zeal and benevolence, this lady came to me, and has been with me ever since. When I found myself able to repose on the knowledge and power (mental and moral) of my Mesmerist, the last impediments to my progress were cleared away, and I improved accordingly.

A few days after the arrival of my kind Mesmerist, I had my foot on the grass for the first time for four years and a half. I went down to the little garden under my windows. I never before was in the open air, after an illness of merely a week or two, without feeling more or less overpowered; but now, under the open sky, after four years and a half spent between bed and a sofa, I felt no faintness, exhaustion, or nervousness of any kind. I was somewhat haunted a day or two by the stalks of the grass, which I had not seen growing for so long (for, well supplied as I had been with flowers, rich and rare, I had seen no grass, except from my windows;) but at the time I was as self-possessed as any walker in the place. In a day or two, I walked round the garden, then down the lane, then to the haven, and so on, till now, in two months, five miles are no fatigue to me. At first, the evidences of the extent of the disease were so clear as to make me think that I had never before fully understood how ill I had been. They disappeared one by one; and now I feel nothing of them.

The same fortifying influence carried me through the greatest effort of all,—the final severance from opiates. What that struggle is, can be conceived only by those who have experienced, or watched it with solicitude in a case of desperate dependence on them for years. No previous reduction can bridge over the chasm which separates an opiated from the natural state. I see in my own experience a consoling promise for the diseased, and also for the intemperate, who may desire to regain a natural condition, but might fail through bodily suffering. Where the mesmeric sleep can be induced, the transition may be made comparatively easy. A

appears, however, that opiates are a great hindrance to the production of the sleep; but even so, the mesmeric influence is an inestimable help, as I can testify. I gave all my opiates to my Mesmerist, desiring her not to let me have any on any entreaty; and during the day I scarcely felt the want of them. Her mesmerizing kept me up; and, much more, it intercepted the distress,—obviated the accumulation of miseries under which the unaided sufferer is apt to sink. It enabled me to encounter every night afresh,—acting as it does in cases of insanity, where it is all-important to suspend the irritation—to banish the haunting idea. What further aid I derived in this last struggle from Mesmerism in another form, I shall mention when I detail the other case with which my own became implicated, and in which, to myself at least, the interest of my own has completely merged.

It will be supposed that during the whole experiment, I longed to enjoy the mesmeric sleep, and was on the watch for some of the wonders which I knew to be common. The sleep never came, and except the great marvel of restored health, I have experienced less of the wonders than I have observed in another. Some curious particulars are, however, worth noting.

The first very striking circumstance to me, a novice, though familiar enough to be practised, was the power of my Mesmerist's volitions, without any co-operation on my part. One very warm morning in August, when every body else was oppressed with heat, I was shivering a little under the mesmeric influence of my maid,—the influence, in those days, causing the sensation of cold currents running through me from head to foot.—“This cold will not do for you ma’am,” said M. “O!” said I, “it is fresh, and I do not mind it:” and immediately my mind went off to something else. In a few minutes, I was surprised by a feeling as of warm water tickling through the channels of the late cold.—In reply to my observation, that I was warm now, M. said, “Yes, ma’am, that is what I am doing. By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be so. When I afterwards saw, in the case I shall relate, how the volition of the Mesmerist caused immediate waking from the deepest sleep, and a supposition that the same glass of water was now wine—now porter, &c., I became too much familiarized with the effect to be as much astonished as many of my readers will doubtless be.

Another striking incident occurred in one of the earliest of my walks. My Mesmerist

and I had reached a headland nearly half a mile from home, and were resting there, when she proposed to mesmerize me a little—partly to refresh me for our return, and partly to see whether any effect would be produced in a new place, and while a fresh breeze was blowing. She merely laid her hand on my forehead, and in a minute or two the usual appearances came, assuming a strange air of novelty from the scene in which I was. After the blurring of the outlines, which made all objects more dim than the dull gray day had already made them, the phosphoric lights appeared, glorifying every rock and headland, the horizon, and all the vessels in sight. One of the dirtiest and meanest of the steam tugs in the port was passing at the time, and it was all dressed in heavenly radiance—the last object that any imagination would select as an element of a vision. Then, and often before and since, did it occur to me that if I had been a pious and very ignorant Catholic, I could not have escaped the persuasion that I had seen heavenly visions. Every glorified object before my open eyes would have been a revelation; and my Mesmerist, with the white halo round her head, and the illuminated profile, would have been a saint or an angel.

Sometimes the induced darkening has been so great, that I have seriously inquired whether the lamp was not out, when a few movements of the head convinced me that it was burning as brightly as ever. As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my Mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part or the whole of the frame, has followed. Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been the most tranquil and agreeable. At such times, my Mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, “Here are my hands, but they have no arms to them:” “O dear! what shall I do? here is none of me left?” the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering

in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid, and impressive. It may be well that they are incommunicable—partly from their nature and relations, and partly from their unfitness for translation into mere words. I will only say that the condition is one of “no nervous excitement,” as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of; and no reaction followed, no excitement but that which is natural to every one who finds himself in possession of a great new idea.

Before leaving the narrative of my own case for that of another, widely different, I put in a claim for my experiment being considered rational. It surely was so, not only on account of my previous knowledge of facts, and of my hopelessness from any other resource, but on grounds which other sufferers may share with me;—on the ground that though the science of medicine may be exhausted in any particular case, it does not follow that curative means are exhausted;—on the ground of the ignorance of all men of the nature and extent of the reparative power which lies under our hand, and which is vaguely indicated by the term “Nature;”—on the ground of the ignorance of all men regarding the very structure, and much more, the functions of the nervous system;—and on the broad ultimate ground of our total ignorance of the principal of life,—of what it is, and where it resides, and whether it can be reached, and in any way beneficially affected by a voluntary application of human energy.

It seemed to me rational to seek a way to refreshment first, and then to health, amidst this wilderness of ignorances, rather than to lie perishing in their depths. The event seems to prove it so. The story appears to me to speak for itself. If it does not assert itself to all,—if any should, as is common in cases of restoration by Mesmerism,—try to account for the result by any means but those which are obvious, supposing a host of moral impossibilities rather than admit a plain new fact, I have no concern with such objections or objections.

In a case of blindness cured, once upon a time, and cavilled at and denied, from hostility to the means, an answer was given which we are wont to consider sufficiently satisfactory: “One thing I know, that whereas I was blind, now I see.” Those who could dispute the fact after this must be left to their doubts. They could, it is true, cast out their restored brother; but they could not impair his joy in his new blessing, nor despoil him of his far higher privileges of belief in an allegiance to

his benefactor. Thus, whenever, under the Providence which leads on our race to knowledge and power, any new blessing of healing arises, it is little to one who enjoys it what disputes are caused among observers. To him, the privilege is clear and substantial.—Physically, having been diseased, he is now well. Intellectually, having been blind, he now sees.

For the wisest this is enough. And for those of a somewhat lower order, who have a restless craving for human sympathy in their recovered relish of life, there is almost a certainty that somewhere near them there exist hearts susceptible of simple faith in the unexplored powers of nature, and minds capable of an ingenuous recognition of plain facts, though they be new, and must wait for a theoretical solution.

LETTER III.

Tynemouth, Nov. 20, 1844.

When I entered upon my lodgings here, nearly five years ago, I was waited upon by my landlady's niece, a girl of fourteen. From that time to this, she has been under my eye; and now, at the age of nineteen, she has all the ingenuousness and conscientiousness that won my respect at first, with an increased intelligence and activity of affections. I am aware that personal confidence, such as I feel for this girl, cannot be transferred to any other mind by testimony. Still, the testimony of an inmate of the same house for so many years, as to essential points of character, must have some weight: and therefore I preface my story with it. I would add that no wonders of Mesmerism could be greater than that a person of such character, age, and position should be able, for a long succession of weeks, to do and say things, every evening, unlike her ordinary sayings and doings, to tell things out of the scope of her ordinary knowledge, and to command her countenance and demeanor, so that no fear, no mirth, no anger, no doubt, should ever once make her move a muscle, or change colour, or swerve for one instant from the consistency of her assertions and denials on matters of fact or opinion. I am certain that it is not in human nature to keep up for seven weeks, without slip or trip, a series of deceptions so multifarious; and I should say so of a perfect stranger, as confidently as I say it of this girl, whom I know to be incapable of deception, as much from the character of her intellect as of her *morale*. When it is seen, as it will be, that she has also told incidents which it is impossible she could have known by ordinary means, every person who really wishes

to study such a case, will think the present as worthy of attention as any that can be met with, though it offers no array of strange tricks, and few extreme marvels.

My Mesmerist and I were taken by surprise by the occurrence of this case. My friend's maid told her, on the 1st of October, that J. (our subject) had been suffering so much the day before, from pain in the head and inflamed eye, that she (the maid) had mesmerised her; that J. had gone off into the deep sleep in five minutes, and had slept for twenty minutes, when her aunt, in alarm had desired that she should be awakened. J. found herself not only relieved from pain, but able to eat and sleep, and to set about her business the next day with a relish and vigour quite unusual. My friend saw at once what an opportunity might here offer for improving the girl's infirm health, and for obtaining light as to the state and management of my case, then advancing well, but still a subject of anxiety.

J. had for six years been subject to frequent severe pain in the left temple, and perpetually recurring inflammation of the eyes, with much disorder besides. She is active and stirring in her habits, patient and cheerful in illness, and disposed to make the least, rather than the most, of her complaints. She had, during these six years, been under the care of several doctors, and was at one time a patient at the Eye Infirmary at Newcastle; and the severe treatment she has undergone is melancholy to think of, when most of it appears to have been almost or entirely in vain. She herself assigns, in the trance, a structural defect as the cause of her ailments, which will prevent their ever being entirely removed: but from the beginning of the mesmeric treatment, her health and looks have so greatly improved, that her acquaintance in the neighborhood stop her to ask how it is that her appearance is so amended. There was in her case certainly no "imagination" to begin with; for she was wholly ignorant of Mesmerism, and had no more conception of the phenomena she was about to manifest than she has consciousness of them at this moment.

This unconsciousness we have guarded with the utmost care. We immediately resolved that, if possible, there should be one case of which no one could honestly say that the sleeping and waking states of mind were mixed. Our object has been, thus far, completely attained—one harmless exception only having occurred. This was when, speaking of the nature and destiny of man, an idea which she had "heard in church" intruded itself among some otherwise derived, and troubled her by the admixture. On

that occasion, she remarked afterwards, that she had been dreaming, and, she thought, talking of the soul and the day of judgment. This is the only instance of her retaining any trace of anything being said or done in the trance. Her surprise on two or three occasions, at finding herself, on awakening, in a different chair from the one she went to sleep in, must shew her that she has walked, but we have every evidence from her reception of what we say to her, and from her ignorance of things of which she had previously informed us, that the time of her mesmeric sleep is afterwards an absolute blank to her. I asked her one evening lately, when she was in the deep sleep, what she would think of my publishing an account of her experience with my own,—whether she should be vexed by it. She replied that she should like it very much; she hoped some body would let her know of it, and show it to her,—for though she remembered when asleep everything she had thought when asleep before, she could not keep any of it till she awoke. It was all regularly "blown away." But if it was printed, she should know; and she should like that.

To preserve the unconsciousness as long as possible, we have admitted no person whatever at our sances, from the first day till now, who could speak to her on the subject. We shut out our maids at once; and we two have been the constant witnesses, with a visitor now and then, to the number of about twelve in the whole.

It is a memorable moment when one first hears the monosylble, which tells that the true mesmeric trance has begun. "Are you asleep?" "Yes." It is crossing the threshold of a new region of observation of human nature. Then it goes on.—"How long shall you sleep?" "Half an hour."—"Shall you wake of yourself, or shall I wake you?" "I shall wake of myself."—And so she did to a second,—no clock or watch being near, but the watch in my hand. For some weeks she could always see the time, and foretell her own waking; but of late, in manifesting some new capabilities, she has lost much of this.

Nothing can induce her to say a word on a matter she is not perfectly sure of. She solemnly shakes her head, saying, "I won't guess: it won't do to guess." And sometimes, appealingly, "I would tell you if I could." "I'll try to see." "I'll do all I can," &c. When sure of her point, nothing can move her from her declarations. Night after night, week after week, she sticks to her decisions, strangely enough sometimes, as it appears to us: but we are not aware of

her ever yet having been mistaken on any point on which she has declared herself. We ascribe this to our having carefully kept apart the waking and sleeping ideas; for it is rare to find somnambules whose declarations can be at all confidently relied on. If any waking consciousness is mixed up with their sleeping faculties, they are apt to guess—to amuse their fancy, and to say anything that they think will best please their Mesmerist. J.'s strict and uncompromising truthfulness forms a striking contrast with the vagaries of hackneyed, and otherwise mismanaged somnambules.

It soon became evident that one of her strongest powers was the discernment of disease, its condition and remedies. She cleared up her own case first, prescribing for herself very fluently. It was curious to see, on her waking, the deference and obedience with which she received from us the prescriptions with which she herself had just furnished us. They succeeded and so did similar efforts on my behalf. I cannot here detail the wonderful accuracy with which she related, without any possible knowledge of my life ten and twenty years ago, the circumstances of the origin and progress of my ill-health, of the unavailing use of medical treatment for five years, and the operation of Mesmerism upon it of late. One little fact will serve our present purpose better. Soon after she was first mesmerized, I was undergoing my final severance from opiates—a serious matter to one who had depended so long and so desperately upon them. As I have said, I got through the day pretty well; but the nights were intolerable, from pain and nervous irritations, which made it impossible to rest for two minutes together. After four such nights, I believe my Mesmerist's fortitude and my own would have given out together, and we should have brought the laudanum bottle to light again, but for the bright idea, "let us ask J!" She said at once what my sufferings had been, and declared that I should sleep more and more by degrees, if I took—(what was as contrary to her own ordinary ideas of what is right and rational as to mine)—ale at dinner, and half a wine-glass full of brandy in water at night. I refused the prescription till reminded—"Remember she has never been wrong." I obeyed; the fact being kept secret between us two, in order to try, every evening, J.'s knowledge and opinion. She always spoke and advised, in a confident familiarity with incidents known only to us two, and carried me steadily through the struggle. I lost my miseries, and recovered my sleep, night by night, till, at the end of the week, I was quite well, without stimulant or sedative. Nothing can be

more remote from J.'s ordinary knowledge and thought than the structure of the human body, and the remedies for disease; and, though I was well aware how common the exercise of this kind of insight is in somnambules—how it is used abroad as an auxiliary to medical treatment—I was not the less surprised by the readiness and peremptoriness with which a person, in J.'s position, declared, and gave directions about things which she is wholly ignorant of an hour after, and was, during the whole of her life before.

Monday, October 14th, J. did not come up as usual to our séance. There was affliction in the house-hold. An aunt of J.'s, Mrs. A., a good woman I have long known, lives in a cottage at the bottom of our garden. Mrs. A.'s son, J.'s cousin, was one of the crew of a vessel which was this evening reported to have been wrecked near Hull. This was all that was known, except that the owner was gone to Hull to see about it. J. was about to walk to Shields with a companion to inquire, but the night was so tempestuous, and it was so evident that no news could be obtained, that she was persuaded not to go. But she was too much disturbed to think of being mesmerized. Next morning there was no news. All day there were flying reports,—that all hands were lost—that all were saved—but nothing like what afterwards proved to be the truth. In the afternoon (no tidings having arrived) we went for a long drive, and took J. with us. She was with us, in another direction, till tea-time; and then, on our return, there were still no tidings; but Mrs. A. was gone to Shields to inquire, and if letters had come, she would bring the news in the evening. J. went out on an errand, while we were at tea,—no person in the place having then any means of knowing about the wreck; and on her return, she came straight up to us for her seance. Two gentlemen were with us that evening, one from America, the other from the neighbourhood. I may say here, that we note down at the moment what J. says; and that on this evening there was the additional security of my American friend repeating to me, on the instant, (on account of my deafness,) every word as it fell.

J. was presently asleep, and her Mesmerist, knowing the advantage of introducing subjects on which the mind had previously been excited, and how the inspiration follows the course of the affections, asked, as soon as the sleep was deep enough,

"Can you tell us about the wreck?"

J. tranquilly replied,

"Oh! yes, they're all safe; but the ship is all to pieces."

"Were they saved in their boat?"

"No, that's all to pieces."

"How then?"

"A queer boat took them off; not their boat."

"Are you sure they are all safe?"

"Yes; all that were on board; but there was a boy killed. But I don't think it is my cousin."

"At the time of the wreck?"

"No, before the storm."

"How did it happen?"

"By a fall."

"Down the hatchways, or how?"

"No, he fell through the rigging, from the mast."

She presently observed, "My aunt is below, telling them all about it, and I shall hear it when I go down."

My rooms being a selection from two houses, this "below" meant two stories lower in the next house.

She continued talking of other things for an hour longer, and before she awoke, the gentlemen were gone. After inquiring whether she was refreshed by her sleep, and whether she had dreamed, ("No,") we desired her to let us know if she heard news of the wreck; and she promised, in all simplicity, that she would. In another quarter of an hour, up she came, all animation, to tell us that her cousin and all the crew were safe, her aunt having returned from Shields with the news. The wreck had occurred between Elsinore and Gottenberg, and the crew had been taken off by a fishing-boat, after two days spent on the wreck, their own boat having gone to pieces. She was turning away to leave the room, when she was asked,—

"So all are saved—all who left the port?"

"No, ma'am," said she, "all who were on board at the time: but they had had an accident;—a boy fell from the mast, and was killed on the deck."

Besides having no doubt of the rectitude of the girl, we knew that she had not seen her aunt,—the only person from whom tidings could have been obtained. But, to make all sure, I made an errand to the cottage the next morning, well knowing that the relieved mother would pour out her whole tale. My friend and I encouraged her; and she told us how she got the news, and when she brought it to Tynemouth,—just as we knew before. "How glad they must have been to see you 'at ours'!" said I.

"O yes, ma'ma:" and she declared my landlady's delight.

"And J.," said I.

"Ma'am, I did not see J.," said she, simply and rapidly, in her eagerness to tell. Then, presently,—*"They told me, ma'ma, that J. was up stairs with you."*

Two evenings afterwards, J. was asked, when in the sleep, whether she knew what she related to us by seeing her aunt telling the people below? to which she replied, "No; I saw the place and the people themselves,—like a vision."

Such was her own idea, whatever may be the conjectures of others.

LETTER IV.

Tynemouth, Nov. 24, 1844.

I have too little knowledge of Mesmerism to be aware whether the more important powers of somnambulism and clairvoyance abide long in, or can be long exercised by, any individual. I have heard of several cases where the lucidity was lost after a rather short exercise; but in those cases there was room for a supposition of mismanagement. The temptation is strong to overwork a somnambule; and especially when the faculty of insight relates to diseases, and sufferers are languishing on every side. The temptation is also strong to prescribe the conditions,—to settle what the somnambule shall or shall not see or do, in order to convince oneself or somebody else, or to gratify some desire for information on a particular subject. It is hard to say who was most to blame with regard to Alexis,—the exhibitor who exposed him to the hardship of unphilosophical requirements, or the visitors who knew so little how to conduct an inquiry into the powers of Nature, as to prescribe what her manifestations should be. The "failures," in such cases, go for nothing, in the presence of one new manifestation. They merely indicate that there is no reply to impertinent questions. The successes and failures together teach that the business of inquirers is to wait upon Nature, to take what she gives, and make the best they can of it, and not disown her because they cannot get from her what they have predetermined. Strongly as I was impressed by this, when reading about Alexis, from week to week last spring, I still needed a lesson myself,—a rebuke or two such as our somnambule has more than once given us here. As soon as her power of indicating and prescribing for disease was quite clear to us, we were naturally anxious to obtain replies to a few questions of practical importance. We expressed, I hope, no impatience at the often repeated "I'll try to see: but I can't make it out yet." "I shall not get a sight of that again till Thursday." "It's all gone:—it's all dark,—and I shall see no more to-night." We reminded each other of the beauty and value of her truthfulness, from which she could not be turned aside, by any pressure of our eagerness.

But one evening out came an expression, which procured us a reproof which will not be lost upon us. She was very happy in the enjoyment of some of her favorite objects, crying out "Here come the lights! This is a beautiful light! It is the quiet, steady, silent light!" And then she described other kinds, and lastly one leaping up behind the steady light, and shining like the rays of the sun before the sun itself is visible. When this rapture had gone on some time, she was asked "What is the use of these lights, if they show us nothing of what we want?" In a tone of gentle remonstrance, she said earnestly, "Ah!—but you must have patience!"

And patience comes with experience. We soon find that such extraordinary things drop out when least expected, and all attempts to govern or lead the results and the power are so vain, that we learn to wait, and be thankful for what comes.

The first desire of every witness is to make out what the power of the Mesmerist is, and how it acts. J seems to wish to discover these points; and she also struggles to convey what she knows upon them. She frequently uses the act of mesmerizing another person as soon as the sleep becomes deep; and if not deep enough to please her, she mesmerizes herself,—using manipulations which she can never have witnessed. Being asked about the nature of the best mesmeric efforts, she replied that every power of body and mind is used, more or less, in the operation; but that the main thing is to desire strongly the effect to be produced. The patient should do the same.

"People may be cured who do not believe in the influence; but much more easily if they do."

"What is the influence?"

"It is something which the Mesmerizer throws from him; but I cannot say what."

And this was all that evening; for she observed, (truly,) "It is a few minutes past the half hour; but I'll just sleep a few minutes longer."

"Shall I wake you then?"

"No, thank you; I'll wake myself." And she woke up accordingly, in four minutes more. Another evening, "Do the minds of the Mesmerist and the patient become one?"

"Sometimes, but not often."

"Is it then that they taste, feel, &c., the same things at the same moment?"

"Yes."

"Will our minds become one?"

"I think not."

"What are your chief powers?"

"I like to look up, and see spiritual things. I can see diseases; and I like to see visions."

When asked repeatedly whether she could read with her eyes shut, see things behind her, &c., she has always replied that she does not like that sort of thing, and will not do it;—she likes "higher things." And when asked how she sees them—

"I see them, not like dreams in common sleep,—but things out of other worlds;—not the things themselves, but impressions of them. They come through my brain."

"Mesmerism composes the mind, and separates it from the common things of every day."

"Will it hurt your Mesmerist?"

"It is good for her. It exercises some powers of body and mind, which would otherwise lie dormant. It gives her mind occupation, and leads her to search into things."

"Can the mind hear otherwise than by the ear?"

"Not naturally; but a deaf person can hear the Mesmerist, when in the sleep;—not any body else, however."

"How is it that you can see without your eyes?"

"Ah! that is a curious thing. I have not found it out yet."—Again when she said her time was up, but she would sleep ten minutes longer.

"Shall I leave you, and mesmerize Miss M.?"

"No: I should jump about and follow you. I feel so queer when you go away; The influence goes all away.—It does so when you talk with another."

"What is the influence," &c. &c. as before.

"I have seen as many places since I was mesmerized; but they all go away when I wake. They are like a vision,—not a common dream."

"How do you see these? Does the influence separate soul and body?"

"No: it sets the body to rest; exalts and elevates the thinking powers."

When marking, from her attitude and expression of countenance, the eagerness of her mind, and vividness of her feelings, and when listening to the lively or solemn tones of her voice, I have often longed that she had a more copious vocabulary. Much has probably been lost under the words "queer," "beautiful," "something," "a thing," &c., which would have been clearly conveyed by an educated person. Yet some of her terms have surprised us, from their unsuitableness to her ordinary language; and particularly her understanding and use of some few, now almost appropriated by Mesmerism. On one of the earliest days of her sleep, before we learned her mesmeric powers and habits, she was asked one evening, after a good deal of questioning,

"Does it tire you to be asked questions?"
 "No."

"Will it spoil your lucidity?"

"No."—Whereat I made a dumb sign to ask her what "lucidity" meant.

"Brightness," she instantly answered.

In the course of the day, her Mesmerist asked her carelessly, as if for present convenience, if she could tell her the meaning of the word "lucidity."

J. looked surprised, and said, "I am sure, ma'am, I don't know. I don't think I ever heard the word."

When asleep the next day, she was again asked,

Does it hurt your lucidity to be asked many questions?"

"When not very deep in sleep, it does."

"What is lucidity?"

"Brightness, clearness, light shining through. I told you that yesterday."

"Have you looked for the word since?"

"No: and I shall not know it when I am awake."

It struck us that we would try, another evening, whether her Mesmerist's will could affect her taste. In her absence, we agreed that the water should be silently willed to be sherry next night. To make the experiment as clear as possible, the water was first offered to her, and a little of it drank as water. Then the rest was, while still in her hands, silently willed to be sherry; she drank it off, —half a tumbler full—declared it very good; but, presently, that it made her tipsy. What was it? "Wine—white wine." And she became exceedingly merry and voluble, but refused to rise from her chair, or dance any more, or go down stairs, for she could not walk steady, and should fall and spoil her face, and moreover frighten them all below. I afterwards asked her Mesmerist to let it be porter the next night. J. knew nothing of porter, it seems, but called her refreshment "a nasty sort of beer." Of late she has ceased to know and tell the time,—"can't see the clock-face," as she declares. The greatest aptitude at present seems to be for being affected by metals, and for the singular muscular rigidity producible in the mesmeric sleep.

When her arms or hands are locked in this rigidity, no force used by any gentleman who has seen the case can separate them; and in her waking state she has certainly no such muscular force as could resist what has been ineffectually used in her sleeping state. The rigid limbs then appear like logs of wood, which might be broken, but not bent; but a breath from her Mesmerist on what is called by some phrenologists the muscular *organ*, causes her muscles to relax, the fin-

gers to unclose, and the limbs to fall into the attitude of sleep. During these changes, the placid sleeping face seems not to belong to the owner of the distorted and rigid limbs, till these last slide into their natural positions, and restore the apparent harmony.

Not less curious is it to see her inextricable gripe of the steel snuffers, or the poker, detached by a silent touch of the steel with gold. When no force can wrench or draw the snuffers from her grasp, a gold pencil-case or a sovereign stealthily made to touch the point of the snuffers, causes the fingers to unclasp and the hands to fall. We have often put a gold watch into her hands, and when the gripe is firm, her mesmerist winds the gold chain round something of steel. In a minute or less occurs the relaxation of the fingers, and the watch is dropped into the hand held beneath. While grasping these metals she sometimes complains that they have burnt her.

LETTER VII.

Tynemouth, Nov. 28, 1844.

Many persons suppose that when the truth, use, and beauty of Mesmerism are established, all is settled; that no further ground remains for a rejection of it. My own late experience, and my observation of what is passing abroad, convince me that this is a mistake. I know that there are many who admit the truth and function of Mesmerism, who yet discountenance it. I know that the repudiation of it is far more extensive than the denial. It gives me pain to hear this fact made the occasion of contemptuous remark, as it is too often by such as know Mesmerism to be true. The repudiation I speak of proceeds from minds of a high order; and their superstition (if superstition it be) should be encountered with better weapons than the arrogant compassion which I have heard expressed.

I own I have less sympathy with those who throw down their facts before the world, and then despise all who will not be in haste to take them up, than with some I know of, who would seriously rather suffer to any extent, than have recourse to relief which they believe unauthorized; who would rather that a mystery remained sacred than have it divulged for their own benefit; who tell me to my face that they would rather see me sent back to my couch of pain than witness any tampering with the hidden things of Providence. There is a sublime rectitude of sentiment here, which commands and wins one's reverence and sympathy; and if the facts of the history and condition of

Mesmerism would bear out the sentiment, no one would more cordially respond to it than I—no one would have been more scrupulous about procuring recovery by such means—no one would have recoiled with more fear and disgust from the work of making known what I have experienced and learned. But I am persuaded that a knowledge of existing facts clears up the duty of the case, so as to prove that the sentiment must, while preserving all its veneration and tenderness, take a new direction, for the honor of God and the safety of man.

Granting to all who wish that the powers and practice of Mesmerism (for which a better name is sadly wanted) are as old as man and society; that from age to age there have been endowments and functions sacred from popular use, and therefore committed by providential authority to the hands of a sacred class; that the existence of mysteries ever has been, and probably must ever be, essential to the spiritual welfare of man; that there should ever be a powerful sentiment of sanctity investing the subject of the ulterior powers of immortal beings in their mortal state; that it is extremely awful to witness, and much more to elicit, hidden faculties, and to penetrate by their agency in to regions of knowledge otherwise unattainable;—admitting all these things, still the facts of the present condition of Mesmerism in this country, and on two continents, leave to those who know them, no doubt of the folly and sin of turning away from the study of the subject. It is no matter of choice whether the subject shall remain sacred—a deposit of mystery in the hands of the Church—as it was in the Middle Ages, and as the Pope and many Protestants would have it still. The Pope has issued an edict against the study and practice of Mesmerism in his dominions; and there are some members of the Church of England who would have the same suppression attempted by means of ecclesiastical and civil law at home. But for this it is too late; the knowledge and practice are all abroad in society; and they are no more to be reclaimed than the waters, when out in floods, can be gathered back into reservoirs. The only effect of such prohibitions would be to deter from the study of Mesmerism, the very class who should assume its administration, and to drive disease, compassion, and curiosity into holes and corners to practice as a sin what is now done openly and guiltlessly, however recklessly, through an ignorance for which the educated are responsible. The time past for facts of natural philosophy to be held at discretion by priesthoods; for any facts which concern all human beings to be a de-

posit in the hands of any social class. Instead of re-enacting the scenes of old—setting up temples with secret chambers, oracles, and miraculous ministrations—instead of reviving the factitious sin and cruel penalties of witchcraft, (all forms assumed by mesmeric powers and faculties in different times), instead of exhibiting false mysteries in an age of investigation, it is clearly our business to strip false mysteries of their falseness, in order to secure due reverence to the true, of which there will ever be no lack. Mystery can never fail while man is finite: his highest faculties of faith will, through all time and all eternity, find ample exercise in waiting on truths above his ken: there will ever be in advance of the human soul, a region “dark through excess of light;” while all labor spent on surrounding clear facts with artificial mystery is just so much profane effort spent in drawing minds away from the genuine objects of faith. And look at the consequences! Because philosophers will not study the facts of that mental rapport which takes place in Mesmerism, whereby the mind of the ignorant often gives out in echo the knowledge of the informed, we have claims of inspiration springing up right and left. Because medical men will not study the facts of the mesmeric trance, nor ascertain the extremest of its singularities, we have tales of Estaticas, and of sane men going into the Tyrol and elsewhere to contemplate, as a sign from heaven, what their physicians ought to be able to report of at home as natural phenomena easily producible in certain states of disease. Because physiologists and mental philosophers will not attend to facts from whose vastness they pusillanimously shrink, the infinitely delicate mechanism and organization of brain, nerves and mind are thrown as a toy into the hands of children and other ignorant persons, and of the base. What, again, can follow from this but the desecration, in the eyes of the many, of things which ought to command their reverence? What becomes of really divine inspiration when the commonest people find they can elicit marvels of prevision and insight? What becomes of the veneration for religious contemplation when Estaticas are found to be at the command of very unhallowed—wholly unauthorized hands? What becomes of the respect in which the medical profession ought to be held, when the friends of the sick and suffering, with their feelings all alive, see the doctors’ skill and science overborne and set aside by means at the command of an ignorant neighbor—means which are all ease and pleasantness? How can the profession hold its dominion over minds, however

backed by law and the opinion of the educated, when the vulgar see and know that limbs are removed without pain, in opposition to the will of the doctors, and in spite of their denial of the facts? What avails the decision of a whole College of Surgeons that such a thing could not be, when a whole town full of people know that it was? Which must succumb, the learned body or the fact? Thus are objects of reverence desecrated, not sanctified, by attempted restriction of truth, or of research into it.—Thus are human passions and human destinies committed to reckless hands, for sport or abuse. No wonder if somnambules are made into fortune-tellers—no wonder if they are made into prophets of fear, malice and revenge, by reflecting in their somnambulism the fear, malice, and revenge of their questioners; no wonder if they are made even ministers of death, by being led from sick-bed to sick-bed in the dim and dreary alleys of our towns, to declare which of the sick will recover, and which will die! Does any one suppose that powers so popular, and now so diffused, can be interdicted by law—such oracles silenced by the reserve of the squeamish—such appeals to human passions hushed—in an age of universal communication, by the choice of a class or two to be themselves dumb? No: this is not the way. It is terribly late to be setting about choosing a way, but something must be done; and that something is clearly for those whose studies and art relate to the human frame to take up, earnestly and avowedly, the investigation of this weighty matter; to take its practice into their own hands, in virtue of the irresistible claim of qualification. When they become the wisest and most skilful in the administration of Mesmerism, others, even the most reckless vulgar, will no more think of interfering than they now do of using the lancet, or operating on the eye. Here, as elsewhere, knowledge is power. The greater knowledge will ever insure the superior power. At present, the knowledge of Mesmerism, superficial and scanty as it is, is out of the professional pale. When it is excelled by that which issues from within the professional pale, the remedial and authoritative power will reside where it ought: and not till then. These are the chief considerations which have caused me to put forth these letters in this place;—an act which may seem rash to all who are unaware of the extent of the popular knowledge and practice of Mesmerism. The *Athenæum** is not likely to reach the ignorant classes of our

towns; and if it did, the cases I have related would be less striking to them than numbers they have learned by the means of itinerant Mesmerists. The *Athenæum* does reach large numbers of educated and professional men; and I trust some of them may possibly be aroused to consideration of the part it behoves them to take.

As for the frequent objection brought against inquiry into Mesmerism, that there should be no countenance of an influence which gives human beings such power over one another, I really think a moment's reflection, and a very slight knowledge of Mesmerism would supply both the answers which the objection requires. First, it is too late, as I have said above; the power is abroad, and ought to be guided and controlled. Next, this is but one addition to the powers we have over one another already; and a far more slow and difficult one than many which are safely enough possessed. Every apothecary's shop is full of deadly drugs—every workshop is full of deadly weapons—wherever we go, there are plenty of people who could knock us down, rob, and murder us; wherever we live there are plenty of people who could defame and ruin us. Why do they not? Because moral considerations deter them. Then bring the same moral considerations to bear on the subject of Mesmerism. If the fear is of laying victims prostrate in trance, and exercising spells over them, the answer is, that this is done with infinitely greater ease and certainty by drugs than it can ever be by Mesmerism; by drugs which are to be had in every street. And as sensible people do not let narcotic drugs lie about in their houses, within reach of the ignorant and mischievous, so would they see that Mesmerism was not practised without witnesses and proper superintendence. It is a mistake, too, to suppose that Mesmerism can be used at will to strike down victims, helpless and unconscious, as laudanum does, except in cases of excessive susceptibility from disease; cases which are of course under proper ward. The concurrence of two parties is needful in the first place, which is not the case in the administration of narcotics; and then the practice is very uncertain in its results on most single occasions; and again, in the majority of instances; it appears that the intellectual and moral powers are more, and not less vigorous than in the ordinary state. As far as I have any means of judging, the highest faculties are seen in their utmost perfection during the mesmeric sleep; the innocent are stronger in their rectitude than ever, rebuking levity, disproving falsehood and flattery, and indignantly refusing to tell secrets, or say or do any thing they ought not; while

* The Letters were first published in London, in the "Athenæum, a Journal of English and Foreign Literature and the Fine Arts."

the more faulty confess their sins, and grieve over and ask pardon for their offences. The volitions of the Mesmerist may actuate the movements of the patient's limbs, and suggest the material of his ideas; but they seem unable to touch his *morale*. In this state the *morale* appears supreme, as it is rarely found in the ordinary condition. If this view is mistaken, if it is founded on too small a collection of facts, let it be brought to the test and corrected. Let the truth be ascertained and established; for it cannot be extinguished, and it is too important to be neglected.

And now one word of respectful and sympathizing accost unto those reverent and humble spirits who painfully question men's right to exercise faculties whose scope is a new region of insight and foresight. They ask whether to use these faculties be not to encroach upon holy ground, to trespass on the precincts of the future and higher life. May I inquire of these in reply, what they conceive to be the divinely appointed boundary of our knowledge and our powers? Can they establish, or indicate, any other boundary than the limit of the knowledge and powers themselves? Has not the attempt to do so failed from age to age? Is it not the most remarkable feature of the progress of Time that, in handing over the future into the past, he transmutes its material, incessantly, and without pause, converting what truth was mysterious, fearful, impious to glance at, into that which is safe, beautiful and beneficent to contemplate and use,—a clearly consecrated gift from the Father of all to the children who seek the light of his countenance. Where is his pleasure to be ascertained but in the ascertainment of what he gives and permits, in the proof and verification of what powers he has bestowed on us, and what knowledge he has placed within our reach? While regarding with shame all pride of intellect, and with fear the presumption of ignorance I deeply feel that the truest humility is evinced by those who most simply accept and use the talents placed in their hands; and that the most child-like dependence upon their Creator appears in those who fearlessly apply the knowledge he discloses to the furtherance of that great consecrated object the welfare of the family of man.

HARRIET MARTINEAU.

These letters of Miss Martineau are hard pills for the "old ladies in breeches" to swallow and it is amusing to see the wry faces they make in contemplation of the dire necessity which awaits them. The Editor of the London *Lancet* has had the ludicrous vanity to

express his astonishment at the temerity of Miss Martineau in resorting to the remedial agency of mesmerism, after he forsooth! had exposed what he arrogantly assumed to be its "arrant, trickery and scandal." It appears, however, that this vaunted exposition was not very satisfactory even to the venerable sisterhood in inexpressibles, with which he has latterly identified himself; and it is perfectly evident to every discerning reader of his flippant and inconsequential remarks upon this case, that he has not only superciliously dismissed it without investigation, but is blankly ignorant of the whole subject of which he coolly usurps the umpirage. But even this conduct is tolerable, perhaps only laughable, when compared with the outrageous brutality of the attack upon Miss Martineau, committed by a Dr. Robert Hull, of Norwich, in England, where that distinguished lady resides. It is far too indelicate, both in expression and allusion, for reprint in this work, and is only equalled by the meanest blackguards. Yet this coarse and unmanly piece of obscene scurrility, together with the *Lancet's* arbitrary contemptuousness, with a few garbled extracts from Miss Martineau's letters, is eagerly selected and hashed up by the Boston *Medical Journal*, for the benefit of its readers or the musty fraternity in this country to whom we have referred. [Editor Dissector.

The Presence of Animalculæ in the Blood.

Dr. Goodfellow relates, in the *Medical Gazette*, a case of fever in which he discovered a great number of animalculæ in the contents of the stomach and in the blood. The following is a condensation of his remarks:—

"On examining the fluid ejected from the stomach during life, and on the day following that on which the vomiting commenced, by the aid of the microscope, myriads of animalcula were observed in very active motion. These minute organisms appeared to vary in length from 1-5000th to the 1-3000th of an inch, and their diameter (which I am convinced was the same throughout their length) from about 1-40,000th to about 1-2000th of an inch. Nothing was observed by which I could distinguish the head from the tail, although sometimes one extremity appeared certainly larger than the

other; close observation enabled me to discover that this appearance was owing to one extremity being a little out of focus; when the whole of one animalcule was in focus, no difference could be detected. Their movements, when active, closely resembled those of the small naiades so frequently seen in river water after rain, but when they became sluggish from the inclosure of the animalcula between slips of glass for several hours, they resembled those of the larvæ of the common meat fly, *Musca vomitoria*. The fluid ejected after every attack of vomiting was found to contain the animalculæ in as large numbers as when it was first examined; they were also found in the sanguineous exudation from the lining membrane of the mouth and nostrils. The vomited matters also contained a considerable quantity of altered blood corpuscles, epithelial cells, and a small quantity of mucus, but no trace of bilious admixture. Simular animalculæ were observed in blood taken from the capillaries of the skin, but in such small numbers that they escaped my notice for several examinations. Repeated observation, however, ultimately convinced me of their existence in the blood taken from the capillaries during life. At the autopsy, forty-eight hours P. M., they were still seen in large numbers in the contents of the stomach, and in the blood taken from both sides of the heart, and the aorta, carotid, venæ cavæ, pulmonary artery and veins, brachial artery and veins, and the femoral artery and vein. They were also found, during life, in the feces, but here they were never seen to exercise any movement.—None could be detected in the gall-bladder or biliary ducts, in the pancreatic fluid, in the urine, or in the frothy mucus in the large bronchial tubes.

Dr. Goodfellow expresses his ignorance of the manner in which those animals got into the blood-vessels. He does not believe that they were introduced into the blood from the stomach, but rather that they passed, and they could do this readily, owing to their minute size, from the blood-vessels into the stomach.—*London Lancet*.

Means of Arresting Hæmorrhage from Leech Bites.

The "Journal de Chirurgie" contains the details of an interesting case, narrated by Dr. Bordes, in which the twisted suture was successfully used to arrest hæmorrhage from leech bites. The operation is a trifling one, and, it appears, always successful, and consequently deserves to be better known. M.

Bordes was called one evening to attend a young English lady, twenty-two years of age, who had had forty leeches applied to the abdomen at seven o'clock in the morning. Seven or eight of the leech bites were bleeding in the same manner as if veins had been opened with the lancet. She had lost all consciousness. Compression was impossible, and cauterization was not likely to succeed with so abundant a flow of blood. M. Bordes, recollecting the manner in which veterinary surgeons close the vein after bleeding horses, resolved to try the effect of the twisted suture. Pinching the skin at the orifice of the wound he passed a small needle through it, and then tied a thread around. The slight operation was repeated for each orifice, and effectually arrested the bleeding. It was only the following day that the lady recovered her senses, and the convalescence lasted three months. M. Bordes has since frequently resorted to this plan, and always with success.

On the consequences of Insects or Foreign Bodies gaining admission into the auditory passages, and on the best modes of extracting them.

By W. WRIGHT, Esq., London.

The case mentioned by Mr. Hatfield, in *THE LANCET* for April 13th, quoted by Sir B. Brodie, of a child in whose ear there was a pea, the attempts to remove which caused death, is by no means a singular unfortunate instance, and probably had not those attempts been made so injudiciously, the case would not have terminated fatally. I had under my care, in 1818, a young gentleman who had had a pea in his auditory passage four years and a half, which I extracted without pain. I gave the particulars of the treatment in several medical journals: he is now alive, and filling a responsible station abroad.

The case of the boy who died, after suffering great agony, through injury inflicted by the endeavors to extract the head of a nail from his left ear, which was not found during his life, or after the most rigid post-mortem examination, is interesting. In that instance, an efficient examination before the cutting and laceration began, would have probably saved the poor boy's life.

A girl who died at London hospital, from the operations for extracting a pebble from her ear, was destroyed by gross ignorance.—I have pebbles, and even a small shell, which I removed from the ears of patients without pain or inconvenience. It is not necessary to mention more of those cases which have

terminated fatally through the *maladroit* endeavors of well-intentioned but incompetent men. The proper method of examining the auditory passage is so little known, that I cannot but commiserate the poor patients who are the subjects of examination by funnel-shaped spring forceps, as suggested by Kramer, and with equal stolidity imitated by other writers, some of whom give plates of this most absurd contrivance; whereas nothing is more simple or easy to the patient or practitioner than the examination of the ear, or the extraction of any substance from it. The syringe, however, is not always to be depended upon, even in the hands of the most competent operators: hence I use small steel hooks, with the handles marked, and these being passed down flatwise beyond the substance, and then turned, never fail of success; of course I have them of all sizes and shapes.

It is very injudicious to endeavor to remove any large live insect, because its struggles are so violent as to affect the brain, through the fibres of the portio dura becoming excited, and communicating that excitement to the base of the nerve. Want of attention to this caused the death of a boy in the Bristol Infirmary, several years ago; whereas had the ear been filled with oil, the insect would have been killed, and might easily have been removed. In the case of a man in Ireland, who had a horse-leech in his ear, and died an hour and a half after it was extracted, such a termination might have been prevented by either injecting salt and water, or sprinkling salt, into the ear.—*Lancet*.

Physiological and Pathological Researches on Tuberculosis.

BY H. LEBERT, M. D.

(*Muller's Archives*, Nos. 2 and 3, 1844.)

SUMMARY.

1. The pathological peculiarities of tubercle are exhibited in its microscopical structure.
2. The constant elements of tubercle are, molecular granules, an adhesive hyaline mass, and peculiar tubercle cells, from 0.05 to 0.01 of a millimetre in diameter—of irregular form, containing no nucleus but molecular granules.—Water, æther, and weak acid, scarcely change them. Concentrated alkalies, liq. ammonia, dissolve them completely.
3. The dimensions of tubercle cells undergo many variations, which depend rather

upon the different organs than upon differences of age. They are most easily recognised in crude yellow tubercle.

4. Tubercle corpuscles consist of cells having a very low power of development.

5. The opinion that tubercular substance is a modification of pus is contradicted in the most positive manner by the microscope.

6. Tubercle corpuscles are distinguished from undeveloped pus globules, by the spherical form and greater diameter of the latter. Cancer cells are clearly distinguished by their being two to four times as large, and consisting of a cell wall, and a large clear nucleus, often containing nucleoli.

7. When tubercle softens, the adhesive matter becomes fluid, and the corpuscles rounded; their opposition to each other is destroyed, they become distended, and hence appear larger. This, however, is not the result of growth, but the beginning of decay.

8. The pus which surrounds softened tubercle never originates in the tubercle itself, but is formed directly in the surrounding parts.

9. The microscope can determine whether we have to do with softened tubercle, with purulent matter, or whether there be a mixture of both.

10. Pus appears to destroy quickly tubercle corpuscles, and thus to make their individuality undistinguishable.

11. When the irregular outline and close apposition of tubercle cells, in their first stage of development, present the second stage of separation from each other, distention and roundness, then the third stage of disintegration commences. The corpuscles are broken up into a granular, half-fluid mass, and lose their individuality.

12. Tubercle becoming hard and calcareous (*état crotace*) is a natural process of cure. The peculiar elements of tubercle disappear, and become in part absorbed. In their place, small mineral granules, and sometimes crystals of cholesterine, are deposited. The deposition of lime is generally accompanied by an increase of pigment. According to the chemical analysis of M. T. Boudet, there exist, as principal elements, chlorate of sodium and sulphate of soda; salts of lime only in small quantity.

13. Among the occasional elements of tubercle may be mentioned melanosis, which is the most frequent; further, fat, filaments, dark olive-colored globules, and crystals. Sometimes we find mixed with tubercle, but in no way belonging to its substance, the products of inflammation, serum, pus, and the elements of epithelium in various forms.

14. The seat of tubercle in the lungs is generally the elastic cellular tissue. Yet is

is also found in the air vesicles, and in the bronchial capillaries.

15. The tissue of the lung surrounding tubercle may be sound, but is mostly in a state of congestion or inflammation. The last is either globular, or spread over a large portion of a lobe.

16. The pus found surrounding tubercle is often not the result of grey hepatization, but comes from the mucous membrane of the small, partly destroyed and open bronchi, in the substance of the lung.

17. The pneumonia surrounding tubercles has nothing specific; there is found in it the same elements of the exudation as in ordinary pneumonia—viz. aggregate globules, fat vesicles, pus corpuscles, &c. Tubercle corpuscles are not generally found among the products of exudation.

18. Sometimes there is found surrounding tubercle a peculiar form of chronic inflammation, with yellowish hepatization, and increased consistence of the tissue. The vesicles of the lung, small bronchi, and parenchyma, are partly filled with coagulated fibrin, and a formation of new fibrous filaments, partly with aggregate and pus corpuscles, and in the centre of the chronic slightly vascular hepatization there is found a highly vascular acute obular pneumonia.

19. The degree of consistence of acute or chronically inflamed lungs depends upon the amount they contain of fibrin, fluid blastema, and corpuscles. Much fibrin, with a small quantity of blastema and corpuscles, produce induration; much fluid blastema, with a small number of corpuscles, cause softening. An equal proportion of these different elements produces a medium degree of hardness.

20. Lungs rendered compact from the pressure of a pleuritic effusion often exhibit throughout no appearance of inflammation.

21. The grey semi-transparent granulations of the tissue of lung are also a true form of tubercle. Their color and transparency are partly dependent on the apposition of the tubercle corpuscles to each other, throughout the intact fibres of the lung, partly on the existence of a large quantity of adhesive material.

22. The grey granulation is not always the commencement of the formation of yellow tubercle; the last is often primarily developed as such.

23. The vascular network found surrounding the grey granulations is neither a proof of inflammation nor of a new formation, but rather results from the pressure on many capillaries, occasioned by the tubercular deposition, and the consequent distention of the remaining capillaries, which are reduced *in number*.

24. The opinion that grey granulations may be the result of inflammation is opposed by positive observation.

25. The process of ulceration is throughout different from that of suppuration. Thus we find on the mucous membrane of the bronchi, suppuration without ulceration, and on the intestinal mucous membrane, ulcers without suppuration. The last cause of ulceration is from inflammation by parasitic deposition, sometimes from causes unknown to us, producing obliteration in a certain number of capillary vessels.

26. The tubercular ulcer of the lung is not physiologically different from the tubercular ulcer of the intestines or of the skin.

27. In tuberculosis a general ulcerative diathesis is found to take place even in organs where tubercles appear very seldom. This is clearly established by the excellent labors of Louis.

28. The internal fluid layer of the contents of a cavernous ulcer of the lung, contains—*a*, tubercular substance, seldom intact, the corpuscles for the most part in a state of distention, or broken down into granules; *b*, pus corpuscles sometimes in small quantity; *c*, "puridea" corpuscles; *d*, aggregate corpuscles; *e*, purulent mucus; *f*, blood corpuscles; *g*, filaments of the lung; *h*, black pigment; *i*, epithelium; *k*, sometimes crystals; and *l*, adipose tissue.

29. Amongst this thick fluid are generally found pseudo-membranes, consisting of coagulated pus elements inclosing fibrin.

30. Among the pseudo-membranes covering the diseased tissue of the lung is found a true pus membrane, consisting of filaments inclosing small corpuscles. It generally becomes partly destroyed by a new irruption of tubercle occurring in the same.

31. This membrane is a natural effort towards cure, isolating the ulcerous tissue of the lung, and thus favoring its cicatrization.

32. Between the pus membrane and the tissue of the lung is often found newly-formed filamentous tissue.

33. Surrounding the cavernous ulcer is generally found a deposition of recent crude tubercle.

34. The healing of caverns takes place,—*a*, from isolation, by means of the pus membrane, and shrinking of the cavern; *b*, by deposition of fibrin, which fills up the cavern, grows to its walls, and so forms a fibrous cicatrix; *c*, by mineral deposition in the cavity, and formation of a filamentous tissue around the same.

35. There are no peculiar mucus bodies; what has been described as such are nothing but pus corpuscles secreted from diseased

membranes. Pus tests are thus henceforth useless.

36. In the sputa of phthisical individuals the following elements are found—*a*, mucus *b*, pus corpuscles, existing in large quantity—they are sometimes found in a shrunken state, and may easily induce error; *c*, epithelium in its various forms; *d*, granular substance in great quantity, probably consisting of broken down tubercle corpuscles; *e*, small yellow shreds, pieces of pseudo-membrane; *f*, filaments of the lung; *g*, fat vesicles; *h*, blood corpuscles, sometimes combined with coagulated fibrin; *i*, aggregate corpuscles; *k*, small infusoria, vibrios, but this seldom, and only accidentally.

37. The peculiar tubercle cells are not commonly found in the expectoration of phthisis. There are also no constant means of distinguishing the sputum of phthisis pulmonalis from that of other diseases.

38. Filaments of the lung in sputum indicate an ulcerous cavity. Their presence, however, is rather exceptionable than otherwise.

39. The greatest portion of the sputa in phthisis does not come from caverns, but is secreted from the bronchi.

40. The copious mucus and purulent secretion of the bronchi, so frequent in phthisis pulmonalis, is one of the ways nature adopts in order to prevent the great destruction of the circulation which would necessarily result from the complete imperviousness of one portion of the capillary system, and distention of the rest.

41. A portion of the broken down tubercle of the ulcerous cavity mixes itself with the expectoration; another portion is re-absorbed.

42. The law announced by Louis, that after the age of 15 years the lungs contain tubercles, when they are found in other organs, is throughout correct. It may, however, be so far modified, that if very extensive tubercular deposition has occurred any where in an organ—as, for instance, in the liver, the kidneys, or the peritoneum,—the lungs often contain very little.

43. In childhood, tubercles are more frequent in the membranes of the brain, the glandular system, and the peritoneum, than in adults.

44. The thickening of the pleura in tuberculosis of the lung, not only originates in inflammation, but also in increased nutrition, from its greater vascularity, dependent on the diminution of blood in the lungs. Thus a supplementary organ for the circulation of the lung is produced, and at the same time, from its growth to the thoracic walls, the

anastomosis with the great circulation is increased.

[Nothing can be more erroneous than this old astrological theory, which imputes the thickening of the pleura in tuberculosis of the lungs to inflammation. *Ed. Dis*]

45. It results from embryological and pathological researches, that neither around the tubercle, nor in the pseudo-membrane of the pleura, are new vessels formed independent of the general circulation. New vessels in diseases are rather formed centrifugally from the general circulation.

46. The apparent transformation of the pseudo-membrane into cartilaginous substance consists only in the filaments being pressed together, without the formation of the peculiar cartilage elements. In the same manner the so-called ossification of the pseudo-membrane only consists in the deposition of an amorphous mineral formation.

47. The three principal forms of glandular tubercles are those of the more superficial—the bronchial and mesenteric glands: the last have a very slight tendency to soften.

48. The tubercular matter in the glands is throughout the same as that in other organs.

49. The existence of a sensible scrofulous matter we cannot admit; what has been considered as such is either the result of common inflammation or of suppuration—certainly under the influence of cachectic elements, but without a peculiar material or tubercular deposition accompanying the inflammation or suppuration.

50. Tuberculosis in the osseous system is a much more rare disease than is generally supposed at present. There is frequently found here a difficulty in determining between concrete pus, and tubercular matter. In doubtful cases, the microscope can alone determine the diagnosis.

51. True scrofulous diseases, which are mostly distinguished by inflammatory and suppurative eliminations, are to be separated, on the one hand, from tuberculous diseases, and on the other, from idiopathic chronic inflammations of the eye, skin, glands, bones, joints, &c. The last category is often confounded with scrofula in children.

52. In a word, the positive diagnosis and abstract separation of scrofula are most urgent desiderata in modern medicine.

[The magnetic symptoms always give a positive diagnosis, but no abstract separation of scrofula. There are no such distinctions in nature or in fact. Compelled at last to acknowledge that the common cases of

chronic disease of the organs and limbs, or of the serous membranes and tissues, called chronic inflammations, are cases of scrofula, an attempt is made to set up distinctions where there are no real differences. All the cases of scrofula, in all its forms, and in all ages and conditions, are distinguished in an instant by the same symptoms, and are constantly cured by the same remedies, and these facts, which are now known to hundreds of physicians in this country, are fatal to the assumptions on which these distinctions are founded. *Ed. Dis.*

53. The grey granulations of the membranes of the brain—viz. of the pia mater, exhibit clearly between the filaments of the serous membrane depositions of tubercle corpuscles. They present themselves, besides, frequently in the brain, together with yellow milary tubercle; with tuberculous infiltration, as well as with large tubercles.

54. In the liver, tubercles are often found in very considerable masses, and even with true caverns. These cases are easily confounded with cancer. In like manner, the change into softening and breaking down of certain cerebriform tumours of the liver often present a similar appearance to tuberculous depositions.

55. Besides the fatty depositions in the liver, fatty degeneration of the heart is sometimes present in phthisis; also a tendency to internal depositions of fat, whilst, for the most part, it disappears from the external parts.

56. The kidneys also may be almost entirely filled with tuberculous degeneration. In these cases fewer tubercles are found in the lungs.

57. In tubercles of the peritoneum there are found, together with tubercle corpuscles, several filaments of the serous membrane. Peritoneal tubercles have little tendency to softening. They are mostly accompanied by a considerable pigmentary deposition.

58. Tuberculosis of the peritoneum produces sometimes perforation of the intestine, which is generally fatal; but in very rare cases, life is maintained by the formation of an artificial anus.

59. The consistence of crude tubercle in the intestines is usually less thick than it is in other organs. No pus is found upon tuberculous intestinal ulcers.

60. The microscopic elements of tubercular ulcers of the intestines, besides broken down tubercle cells, are cylinder epithelium,

broken down granular mucous membrane, and the filaments and bundles of the muscular coat. The young epithelial cells are not to be confounded with pus corpuscles.

61. On the diseased mucous membrane of phthisis are occasionally found polypi, melanotic and tubercular excrescences.

62. In extremely rare cases, tubercles are found deposited between the coats of arteries, an exceedingly important fact for (in favor of) the excretion of tubercle from the blood.

63. Tubercles are also found in the pericardium and heart. An extensive adherence often thus takes place, and a vascular anastomosis of the branches of the coronary artery with those on the surface of the lungs, a remarkable communication between the vessels of the larger and smaller circulations.

64. Tubercles in the cavity of the chest, as well as of the abdomen, can open themselves externally, and thus form fistulæ of the lungs and of the intestines.

65. Tubercles and cancer do not exclude one another, or even interfere with their separate march. Both morbid processes can at the same time run through their stages of development in the same person.

[We have investigated long since and very thoroughly the subject of cancer connected with scrofula with the magnetic symptoms, dissections and the microscope, and have little doubt but there will hereafter be found a fallacy in those investigations, which will be fatal to the distinctions that are here attempted to be established. It is only in the second stage of tubercular disease of a gland, a membrane or tissue that cancerous degeneration is developed, and then only when every other contiguous membrane, fibre, tissue or substance becomes equally involved in the disease, and this condition appears to be always necessary to the true cancerous formation.

We will not affect to conceal the fact that we republish the above comprehensive summary of elaborate researches on Tubercular disease, with a degree of satisfaction partaking of a sense of personal triumph. It is now many years since we advanced the self-same doctrines of the all-pervading character of Tuberculosis, in calm and confident independence of the ignorant sneers and arrogant denunciations of a large portion of

the profession. To scoff them as "visionary theories" and "arrant quackery," was, even within a recent period, deemed almost essential to professional respectability among those who condescended to advert to them, or in whose hearing they were mentioned. It was of no consequence that we had traced and demonstrated them in the most "regular" and legitimate manner, and by a process of induction as severe and scrutinizing as is ever adopted in any scientific investigation; it was a matter of no weight with these inflated scorners that we had verified and matured these doctrines by the ocular evidence of many continuous dissections, and by the results of experience in a long, extensive, and laborious practice, both in town and country. All this was of no value with such opponents, first, because they had not made these discoveries themselves; secondly, because they were new; and, thirdly, because they had not received the approving stamp of *foreign* authority. Now, however, that our original views, publications and practice upon these subjects, and our most novel and even startling propositions, have been confirmed by such men as Lugol, Louis, Lisfranc, and others of the eminent Parisian schools; now that our long-proclaimed doctrine that the ganglia of the posterior spinal nerves are connected with the ganglia of the great sympathetic nerve; and as the latter are connected with the organs, so external pressure on the former would indicate the seat of disease in those organs—now that this connection has received full and irresistible confirmation by the dissections and microscopic determinations of Volkmann and Bidder, the German anatomists, behold! our lofty medical *savans* stroke their chins, knit their brows, and look as sage and as comical as the carved heads of their canes. With what grotesque caprice of physiognomy they will peruse the above synopsis of Tuberculosis, by Lebert, from *Muller's Archives*, it is rather difficult to imagine; and it is to be regretted that it cannot be caught by the Daguerreotype process, for the embellishment of the medical journals of the schools. [Ed. Dis.

On the cure of Deafness by puncturing the membrana tympani.

Sir Astley Cooper wrote a memoir on this subject in the "Philosophical Transactions," and shewed that the cases likely to be relieved by the practice were those in which the Eustachian tube was permanently closed, or when blood had been extravasated behind the membrane. To those cases other pathologists have added "a morbidly thickened and cartilaginous condition of the membrana tympani" itself. In the last number of the *Northern Journal*, we find an interesting communication on the results of the operation, by Dr. Mercer. This gentleman has performed it in several cases. He gives a table, which includes fifteen. Of these, six were performed for chronic thickening of the membrane, and the remaining nine for obstruction of the Eustachian tube. One case alone, and that of the latter affection, succeeded in the restoration of hearing. The operator then agrees with Itard in saying that "nothing is more rare than the cure of deafness by perforation of the membrana tympani." He then details at length the history of an instance of idiopathic hæmorrhage into the cavity of the tympanum. In this case, deafness, which was complete, was removed by the operation. As the example is an instructive one, we shall allow the author to describe the local appearances, the mode of operating, and the instrument:—

"The membrana tympani, instead of its normal, transparent gray appearance, had a dull brown colour, and was slightly congested at the margin; the vertical line, indicating the handle of the malleus, was lost in the surrounding colour, and the membrane, instead of presenting its concave appearance, seemed pushed outwards into the meatus. On touching it with a probe it was almost insensible, and pressure against it produced an elastic pitting. The head was carefully supported with the left ear turned up, and the auricle drawn towards the vertex. The speculum being introduced as far as the second curve of the meatus, and then expanded with a clear and steady light, the anterior and inferior part of the membrane was perforated, and a small portion of it removed by an instrument, which consists of a fine but strong steel needle, two inches and a half long, and the handle of an octagonal form, one and a half inch in length. The cutting or drill head is spear-shaped, one sixth of an inch long, and one-eighth in breadth at the shoulders, where the edges are turned over. The point and edges are very sharp. Each of these edges is hook-

shape), one turned forwards and the other backwards; and when thus viewed longitudinally at their broadest part, they resemble the italic letter *f*. On being brought in contact with the membrana tympani, the handle is made to rotate between the thumb and fore-finger, and this being communicated to the cutting point, it perforates the membrane similar to a drill, at the same time that the averted edges are causing a considerable loss in its substance."

The subsequent treatment consisted chiefly in injections of warm water, and inflating the cavity with air, through the Eustachian tube. Dr. Mercer observed that the average time for reproduction of the membrane, when allowed to take place, was about four days.—*London Lancet*.

The Scalp Issue in Cerebral Diseases.

Instead of the long and frightful incision made through the scalp for the purpose of establishing this issue in chronic cerebral disease, Dr. James Johnson has adopted with success "a more simple and less painful practice."

"It consists merely in drawing a line of the *kali purum* along the course of the sagittal suture—poulticing till the slough clears away—and then inserting a few threads of silk or cotton daily, imbued with the *ceratum lyttae*. A purulent drain is thus established with very little trouble, and with great benefit in obstinate cerebral affections."—*Medico-Chir. Review*.

Statistics of Obstetric Practice.

In the last number of the *Dublin Journal* we find a communication from Professor Murphy, which contains several points deserving attention. We shall refer to them in the order of their occurrence.

1. *Menstruation*.—Dr Murphy has ascertained the age at which this function commenced in 559 individuals. This inquiry has been already pursued in 450 instances by Mr. Robertson, and in 1160 by Dr. Lee. A total of 2169 cases shews,

"That there is a great variety in the age at which the catamenia first appears; 9 years [14 cases,] and 23 years [1,] seem to be the extremes; the most frequent period of its occurrence is between the ages of 12 and 18; and of those recorded, it commenced, in the greatest number of instances [417,] at 15."

The interval of the catamenial function was recorded in 591 cases by the author, and by Mr. Robertson in 100. In 557 of those cases the interval was found to be 28 days; in 105 it was 21 days; and in the remaining 29 it was irregular, varying from 14 days to

42. It should be observed, that Dr. Murphy's inquiries were addressed to pregnant females, in whom probably the menstrual period would be found to have been more regular than in the same number of females taken indiscriminately.

2. *Pregnancy*.—Its duration was made by the author the principal subject of inquiry; some curious and useful facts are the result. The number of cases in which accurate information was procured was 186; in each the catamenial period was noticed; and

"To prevent error arising from uncertainty as to the exact date of conception, this interval was deducted from the whole number of days of pregnancy; thus, 328—28 would make the duration of pregnancy 300 days."

The results thus ascertained establish 301 days as the average limit of gestation. To this there are, however, three remarkable exceptions. In the first a fully developed child was borne after an interval of 261 days. The evidence of this instance (an unmarried female, stating herself to be pregnant after one connexion) is not to be wholly relied on. In two other cases the duration of pregnancy extended to 342 and 352 days, or deducting the menstrual period to 324 and 314 days respectively. The histories of those cases given in detail are such as to lead to the conclusion that pregnancy may be prolonged to this extended period—a fact of great importance to the medical jurist. The relation of pregnancy to previous menstruation is referred to, and some exceptional cases are recorded. Thus in one instance pregnancy occurred without previous menstruation; in another menstruation ceased on marriage, and in a few cases periodic discharges resembling the catamenia were present during pregnancy.—*Dublin Journal*.

The Administration of Medicines in a State of Fluidity.

"It has been found that fifteen grains of sulphate of quinine exhibited in infusion of senna, are more efficacious, as a tonic, notwithstanding the aperient quality of the reliefs, than twenty-four grains of quinine taken in pills. M. Pannezza accounts for this difference by supposing that the senna, by augmenting the peristaltic action of the alimentary tube, and increasing the secretions of the bowels, excites the production of a fluid well adapted for perfectly dissolving the quinine, and in that state it is applied to a much greater surface of absorption than if it passed along the canal in the form of pills."—*Medico-Chir. Review*, from *Medical Examiner*.

On the Method of taking Plaster Casts.

We have frequently heard medical men express their regret at not knowing how to take plaster casts of various objects in which they felt interested. The method is sufficiently simple, as shown by the following directions, given by Mr. Butler, in the "*Zoist*," and copied into the "*Phrenological Journal*." Referring more particularly to casts of the head taken during life, they are equally applicable under all other circumstances.

"In taking casts of the head from life, precaution is necessary, to prevent adhesion of the plaster; for this purpose a lather of soap and water is employed, of a consistency similar to that used in shaving, or even stronger. With this the hair must be saturated and combed or brushed down close to the head, after which the soap and water is again applied abundantly to the smoothed surface, and, sometimes, if any doubt exist of perfect security against adhesion, the lather may be applied even a third time.

"In mixing the plaster, let a basin be nearly filled with water, and the plaster carefully and gradually but quickly scattered in with the hand until it rise to the surface, when it may be stirred with a common iron spoon. Care is necessary, in doing this, to prevent the formation of lumps.

"It will be understood that the mould must be removed from the head in sections. The simplest form of division is in two parts; the line of separation running from the throat to the back of the head, so dividing the whole into two equal portions. For this purpose, and before the application of the plaster, a thin string is passed over the face, dividing it down the centre of the nose, and again passing over the head down to the nape of the neck. This string should be arranged before the plaster is laid on. Divide the plaster into two portions; one of which place in any earthen vessel approaching in shape the back of the head, and sufficiently large to admit of immersion for the greater facility of applying the plaster. The person should be in a recumbent position, and the back of the head immersed in the vessel provided for the purpose, while the other portion is to be gently but quickly laved over the face, previously moistened with a little sweet oil. The eyebrows it will be necessary to moisten with soap lather, as also the whiskers and the eyelashes with a little oil. The whole of the head is thus covered, the nostrils of course being left open; it would, however, be advisable that novices should place quills just within the nostrils, to avoid inconvenience. The mould should be consolidated by the

repeated addition of plaster, until it is of the thickness of about half an inch, when it may be divided by drawing up the string; this must be done before the plaster acquires too great a degree of induration; then the mould may be removed without difficulty.

"The greatest care must be observed in casting the ears; in order to prevent the plaster from adhering internally or even externally. Let the whole of the crevices be well stopped with a mixture composed of soap and oil, of about the consistency of thick paste; and it may be well to observe to the inexperienced operator, that should any of the plaster form internally, it would be productive of, at least, extreme inconvenience.

"*To take casts from the mould*—Immediately after the removal of the mould, tie it together and saturate it with water by steeping it during three or four minutes; and before the moisture has disappeared from the surface, pour in at the opening at the throat a quantity of plaster of the same consistency as before, and this, by turning the mould around, must be made to flow into every part of it. The plaster will be thus added until the cast be of the thickness of about half an inch. When this substance has been thus acquired, let the whole stand for a few hours, after which the mould may be removed from the cast by the careful use of a mallet and chisel.

"*The multiplication of casts.*—Dry the original casts thoroughly; then with a brush and some boiled oil go over the surface two or three times, after which the cast must stand a day or two, to allow it to dry, when it will be in a fit condition for the formation of the mould. For ordinary purposes the mould may be made in three pieces, of which the back of the head as far as the ears, but not including them, constitutes one, and the face, equally divided as before, affords the other two, an ear of course attaching to each. This operation is performed piecemeal. The part receiving the plaster must first be thinly coated with a mixture of oil and grease, (hog's-lard or tallow,) to prevent adhesion. When the piece is of the necessary thickness, remove it, and trim the edges with a sharp knife, after which replace it on the cast, and having greased the edges, proceed to the formation of another portion, which of course will adapt itself to the edge already prepared. When the mould is made, put it together, dry it perfectly, then oil it in the manner before described with reference to the cast, and in the course of two or three days it will be in a fit state for casting, taking care to coat it with oil and grease before taking each cast."—*Lancet*.

ON THE TREATMENT OF FEMORAL
HERNIA.

By J. SEBASTIAN WILKINSON, Esq., Surgeon, London.

THE following case of femoral hernia occurred to me in the course of my practice some years ago; and having met with similar cases since, in the treatment of which I have been equally successful, I beg the favour of its insertion in the widely-circulated journal, *THE LANCET*.

Mrs. W——, aged forty, affected with femoral hernia, applied to me in the early part of the spring of 1833, to know if I could afford her any relief, as her case was pronounced irreducible and incurable. The subjoined is her own history of the case:—

"The swelling in the groin first appeared in the year 1823. It could then be easily returned into the abdomen. I thought nothing of it, and neglected to apply a truss. About four years before I applied for medical advice, I could not return the swelling. It was occasionally painful, especially when the bowels were confined. About three months before I consulted you, I became alarmed, owing to the increased size of the tumour, and the pain I experienced in walking. I was obliged to be particular in my diet, and keep the bowels always relaxed. I then lived as cook and housekeeper in a family residing at Newport Pagnell, who called in their family surgeon. He said he could do nothing for me, but sent me to London to Mr., now Sir Benjamin Brodie. This gentleman examined me, and said it was quite irreducible and incurable, and that my life would be endangered by any blow upon the part, or from inflammation arising from walking. He, however, considered it advisable to wear a piece of thick leather, heat out in the form of a cup, over the tumour, to be confined by a strap round the lower part of the body."

When I saw the patient, the tumour was as big as a large walnut, doubled over Poupart's ligament; moveable, but confined at the femoral ring. It consisted of intestine and omentum, and quite irreducible. Having observed in the dissecting-room, subjects with old herniæ, with both abdominal and crural rings of a large size, I considered it feasible that dilatation might gradually be accomplished in an inverse direction.

The patient being very fat, I first reduced her in substance by bleeding twice a week, to eight, and afterwards to five ounces; low diet, consisting of broth and gruel, with warm baths, three times a-week, and occasional doses of castor oil. When the skin had become flabby, and her size reduced, I

used daily manipulations, pressing the tumour downwards and then upwards. In this way I proceeded for nearly six months, and at last succeeded in returning the rupture. I tied my silk handkerchief in a large knot, which I placed in the groin of the patient, and confined the ends on the opposite side of the pelvis, thus affording a temporary truss. I put her into a coach and sent her to Mr. Brodie, who returned me the following note:—

"MY DEAR SIR,—There appears to be nothing left but the sac, and probably a small portion of adhering omentum. There can be no objection to the patient wearing one of Salmon and Ody's trusses.

"J. S. Wilkinson, Esq."

Mrs. W—— soon afterwards got married, and is now living in good health, with her husband, who is a farmer in Herefordshire.—*London Lancet*.

Medical Memoranda.

Quinine in Ague.—Dr. Stratton thinks a single large dose in the interval, cures more rapidly than repeated small doses.

Treatment of Neuralgia.—Dr. Jacques, of Antwerp, recommends inoculation, by means of a vaccinating lancet, with a solution of sulphate of morphia.

M. Lafargue recommends inoculation in the same way, with a solution of veratria; and M. Roclauds, a Dutch physician, gives nux vomica; in doses of from three to ten grains in the twenty-four hours.

Succinate of Ammonia in Delirium Tremens.—M. Scharn has seen the most furious delirium overcome as by enchantment, and the disease removed in a few hours, by the use of this remedy alone.

Arsenic in Peritoneal Dropsy.—Dr. Debavay has treated a case successfully. One-twentieth of a grain was given twice a day. The improvement was notable in six weeks, and in six months all symptoms had ceased, and the catamenia, which had been suppressed, was restored.

Mustard in the Convulsions of Children.—Dr. Triplu was led to the employment of this remedy as an emetic, and finding it arrest in a few minutes an attack of convulsions that had lasted five hours, he has employed it in three other cases with complete success.

Prophylactic Remedy against Ptyalism.—Dr. Schoepf recommends the following tooth-powder during the administration of mercury, to prevent salivation. Dried alum, powdered, ℥ij.; powder of cinchona, ℥j.; to be used by means of a soft brush, morning and evening.—*Northern Journal of Medicine*.

POLYPUS OF THE WOMB.

BY M. LISFRANC, PARIS.

[In an able notice of Lisfranc's clinical surgery in the British and Foreign Medical Review, we find some excellent and practical remarks on this subject. A polypus descending from the womb is said to be insensible, whilst an inverted uterus is very sensible. If, however, a polypus descend with a covering from the inner surface of the womb, it is evident that its sensibility will be more or less retained.]

In partial inversion of the uterus, M. Lisfranc thinks favorably of the mode of examination proposed by M. Malgaigne, which we shall describe. In this affection the bladder and a portion of the intestines are lodged in the concavity formed by the depression of the fundus of the uterus; if, then, a curved catheter is passed into the bladder with its concavity downwards, and the beak of the instrument is directed to the most depending part of the bladder, its extremity will be readily felt by the finger in the vagina, if the case is one of inversion, unless, indeed, the intestines have become adherent to the womb in such a way as to prevent the catheter penetrating into the depression formed by the inverted organ, a circumstance of very rare occurrence. But M. Lisfranc thinks that the best way of discriminating between polypus and inversion of the uterus, is by a mode of examination similar to that above recommended, in the case of an intra-uterine polypus or of a commencing inversion. If we seize and depress the tumor with two fingers passed into the vagina, and then introduce the index-finger of the other hand into the rectum, no tumor can be felt through the gut above the one which is grasped in the vagina, if the case is one of inverted uterus. But if, on the contrary, we feel through the rectum, a second tumor similar in shape to the uterus, above the vaginal tumor, then this latter tumor is a polypus. In one instance, indeed, M. Lisfranc was misled by this mode of examination; he diagnosed inversion of the uterus, but the patient having died, a small fibrous tumor was discovered implanted on the uterus, which was flattened and reduced to the tenth part of its natural size. It appears that attempts have been made to defraud the author of the honor due to this suggestion, as he subsequently "begs leave to thank the authors who have appropriated his ideas, or with characteristic candor cited them as dating from the eleventh century." It is not stated who are the delinquents here alluded to, and we are not able to supply the omission.

M. Lisfranc has on several occasions removed by *enucleation* both polypi and fibrous

tumors which were not pedunculated, whether situated completely within the cavity of the uterus, or having partly (or in the case of polypi entirely) made their way into the vagina. To use his own words, he "dwells on this important point of practice which he believes to be new." We need not occupy space in showing that the practice is not new, but as we believe M. Lisfranc has adopted it with more boldness than his predecessors, and under circumstances in which it was not previously applied, we shall give a summary of a few of the cases by which he illustrates this practice.

In one case having drawn a fibrous polypus almost entirely through the vulva, he perceived that its envelope, which consisted of a thin layer of the tissue of the uterus, was lacerated, and passing the index-finger through the rent, enucleated the tumor with the greatest facility. In another case enucleation was effected almost accidentally: M. Lisfranc, while examining a polypus, found the envelope give way beneath the nail of the index-finger, and by an easy manipulation enucleated the tumor in a few seconds. On examining the uterus immediately afterwards, he found that the part of that organ to which the polypus had been attached, had singularly contracted, that the depression caused by the tumor had diminished greatly in depth, and at least two-thirds in breadth, it seemed to be diminishing while the finger was in contact with it, and in ten hours the uterus had regained its natural size, and the cervix would not admit the finger. We mention these latter facts, as we conceive they have an important bearing on the question of hemorrhage after excision of polypi. M. Lisfranc has also frequently enucleated with the nail of the index-finger, small *cellulo-vascular* polypi occupying the neck of the womb. In a case where a fibrous tumor as large as the clenched hand projected into the vagina, its envelope was lacerated with the nails, and the contained tumor turned out. But enucleation must generally be preceded by an exploratory incision; and by this combination of means, M. Lisfranc has removed fibrous tumors while still completely included within the cavity of the uterus. A lady was reduced almost to extremity, by protracted uterine hemorrhage caused by a fibrous tumor, which could be felt through the dilated cervix uteri. The neck of the uterus was seized with *Museaux's* hook, depressed almost to the vulva, and a more perfect examination being then practicable, the tumor was found to extend from the middle of the body of the uterus almost to its lower extremity, and to be lodged in its posterior wall, from which it was commencing to disengage itself. With a straight, blunt-

pointed bistoury passed along the forefinger, a vertical incision was slowly and cautiously made over the tumor until the finger was enabled to be insinuated beneath the envelope and complete the enucleation, which was not accomplished without some difficulty. Occasionally enucleation may be more easily achieved by substituting a spatula for the finger. If it is necessary to enlarge the incision in order to effect the removal of the tumor, a grooved director will often guide the knife more conveniently and safely than the finger. In some cases where the cervix uteri was insufficiently dilated, M. Lisfranc divided it anteriorly. Whenever the peduncle of a polypus is very broad, we should incise the envelope, and endeavor to enucleate the tumor, in this, however, we cannot always succeed. If the tumor is removed, the envelope sometimes contracts and cicatrizes, sometimes sloughs in whole or in part.

[The removal of polypi by *ligature*, M. Lisfranc condemns in common with most French surgeons.]

Symptoms and Pathological Appearances in a Case of Spinal Meningitis.

The following case, from the *Guy's Hospital Reports*, affords a good illustration of this rare form of disease:—

"T. M—, aged nineteen, of small, but well-formed frame, of temperate and regular habits, generally having good health, until eighteen months before his death, when he was treated in Guy's Hospital for p'eurisy; this was followed by scarlatina; from both he recovered; but he subsequently complained of wandering pains in the *neck* and *loins*, and general *malaise*. Three months before his last admission, he had erysipelas of the face, and was confined to his bed for a few days, but perfectly recovered in about a month, at the expiration of which period he became an out-patient, the pains continuing in the *back*, *neck*, and *loins*, and being regarded and treated as rheumatism, without relief. On the Friday before admission, the pains became very much aggravated in the *neck*, *back*, and *loins*, causing him to scream violently, with great restlessness, alarm, and dread, if any one approached to touch any part of his body. These symptoms were more severe on Saturday; and on the following morning, May 7, he was admitted, with symptoms of fever, and complained of the *pains* in the *neck*, and *loins*, which were less severe; had great disinclination to turn in bed; and, on being raised, maintained almost a *tetanic rigidity* of the *muscles* of the *neck*, but these symptoms were not very marked

until two or three days afterwards. On the Wednesday, he lost the use of his arms for a time, and then the pains left him, but became again severe with the return of motion. On Thursday, convulsions came on; he had foaming at the mouth; the features were distorted; the hands were clenched, and he was insensible: the tonic rigidity of the neck continued. He had frequent recurrence of the convulsive attacks during the next day, when he died, trismus having been present during the two hours preceding his death.

"*Sectio Cadaveris*.—The skin, generally, and conjunctivæ, were slightly jaundiced. On opening the head, the veins and sinuses were seen large and congested; and on dividing the spinal cord, just below the medulla oblongata, some puriform-looking fluid exuded from, apparently, the centre of the cord, the cut surface of which was looser in texture than natural.

"The spinal canal being opened from behind, there was some light *ecchymosis* between the muscles, and extravasation of blood, with effusion of lymph, between the vertebræ and dura mater: an effusion of lymph, and some puriform albuminous matter, were also seen between the arachnoid surfaces, and beneath the arachnoid itself, rendering these membranes slightly adherent and opaque. This opacity was seen especially in some spots, and evidently of *no very recent character*. These appearances were most observed at the *fourth* and *fifth* cervical vertebræ.

"The surface of the liver was rather pale; the edge rather rounded; and some yellowish spots, of the size of half-a-crown, surrounded by an areola of darker vascularity, were observed: these extended to the depth of half an inch. On incision, the structure was yellowish, with an occasional mottling of florid red. The lobules were universally of a pale-yellow colour; and in those parts which were of a brighter red hue, the interlobular fissures were the seat of florid vascularity. The organ was lacerated and tore with a granular appearance. This was regarded as an inflammatory condition of the liver.

"The peritoneal surface of the bladder was corrugated, thickened, and the seat of ecchymosis, which was also observed internally, in the submucous tissue."—[Lancet.

The above is a plain case of sclerosis or tubercular disease of the liver, bladder and muscles, extending to the membranes of the brain and spinal cord, as every physician who practices the magnetic symptoms would have known without a post mortem examination.

[Ed. Dis.

A SUBSTITUTE FOR WOOD ENGRAVING.

By RICHARD LEWIS BRAN, Esq., M.R.C.S., London.

HAVING been engaged lately in some photogenic experiments, I tried the following method of engraving, which, although not of use in photography, appears to be an excellent substitute for wood engraving, as it takes so little time (two or three hours,) and only costs a few pence; those who can draw a little may avail themselves of it, and I have no doubt, surgeons and others publishing would find it of great service, as the trouble and expense are so light.

I take a piece of black glass, or glass with a black ground behind; melt common wax, so that there may be a coat about the thickness of a sixpence; when this is cool, rub it over with a preparation of salad oil and white lead, mixed into an ointment; this is to give a white ground for etching upon. Trace the drawing so as to leave a red outline on the ground; proceed to etch with needles, (taking care to make the grooves perpendicularly through the wax;) when this is done, lay some water gently over the wax, and if there are any minute globules of air sticking to it, they are to be removed by gently heating with a lamp, great care being taken not to melt the wax; sprinkle some of the finest sulphate of lime, (plaster of Paris,) which is best got at the casting shops; let it combine with the water, and set. When this is done, it should be made of a convenient thickness, by adding more to the back of it; now dry, and deepen the broad lights in the same manner as a wood engraver's block; boil in glue, which will sink into the substance of the plaster, and enable it to bear pressure in printing. After this, proofs must be taken, and gradual improvements made.—*London Lancet*.

Reciprocal Influence of the Nervous and Sanguiferous Systems.

The bloodvessel and the nervous fibre are the first parts which receive life, and the last which lose it. Anatomy shows that they are always associated together in the cellular substance, which serves as a bond of union between them. Physiology displays them invariably acting in unison—and Pathology finds them very generally acting one upon the other. Let us cite a few examples in illustration of these propositions:—

A young girl, returning home one morning, was insulted by a soldier, who clasped her round the waist. She chanced to have the catamenia upon her at the time; the secretion was at once checked, and did not again return.

The mother of one of the young soldiers in the army of Italy, 1798, was told of the death of her son: she started up for a second, and the menstrual discharge ceased that very moment.

These are instances of the action of the nervous on the sanguiferous system: the following exhibit the action of the sanguiferous on the nervous.

A young Creole girl, of an hysterical constitution, was seized with spasm of the throat, which for two days prevented her from swallowing anything. She was bled; and from the moment that the blood began to flow, the spasm gave way, and she could swallow with ease.

A plethoric woman is advanced beyond the middle of pregnancy without having quickened; draw a few drops of blood from her, and the first movements of the fœtus will probably be felt forthwith.—*Medico Chirur. Review*.

PRESTAT'S ADHESIVE PLASTER.

The following composition is said never to crack, and not to inflame the skin:—Empl. Diachyl. Gum., 400 grs., Purified Rosin, 50 grs., Tereb. Venet., 38 grs., are mixed together at a gentle heat, and then 12 grs. of Gum Mastic, and 12 grs. of Gum Ammoniac incorporated, and the mass spread on linen. In winter it is advisable to add 10 grs. more turpentine, and 12 grs. of Ol. Amygdal.—*Lancet*.

SCROFULA.

By M. LUGOL, PARIS.

M. Lugol looks upon scrofula as an hereditary cachexia of the entire system with the intimate nature of which we are wholly unacquainted, but the manifestations of which may be followed from birth in the diseases of every tissue and of every organ. The maximum of the scrofulous diathesis is the production of tubercle, which may be generated in any region of the economy. The tubercle in M. Lugol's eyes is an organised abnormal formation, endowed with a life and nutrition of its own, and passing through the various phases of its existence like all other abnormal tissues. The development of tubercle takes place in different parts of the human economy at different periods of life, owing to various modifications of local vitality. Accompanying the production of tubercle, anteriorly or posteriorly to it, various forms of disease occur in the different tissues of persons laboring under the cachexia. These various morbid

forms are all manifestations of the scrofulous diathesis. Thus, the mucous and cutaneous surface, the bones, cellular tissue, joints, &c., are attacked with chronic inflammations, viz. ophthalmia, coryza, catarrh, diarrhœa, &c.. lupus, acne, pustular and papular eruptions; osteitis, caries, necrosis; white swellings, cold abscesses, &c. These constitute the *cortège* of the scrofulous cachexia. These are the diseases which, more or less developed, accompany the martyr of scrofula from his birth to his grave, rendering manifest to the medical observer the cachexia under which he labours, even in the absence of tubercular formations.

The characters of hereditary scrofula in a family are the existence of the scrofulous complexion among its members—the great mortality which is observed in such families more especially during infancy. These two characters may be studied—in the family itself, in the different branches which originate from the same stock, in the children of different marriages. With reference to parents who procreate scrofulous children, their giving birth to such children may be owing to their original health, in which case either they are scrofulous or affected with pulmonary tubercles; have been scrofulous during their infancy, and have ceased to appear so; have brothers and sisters who are scrofulous;—or it may be owing to an acquired state of health. Thus, syphilitical parents, parents who have given themselves up with excess to venereal pleasures; who are too young or too old; whose age is disproportionate; who are suffering from epilepsy, paralysis, or insanity, all give birth to scrofulous children; also the father whose strength is disproportioned to that of the mother. In some instances the disease is evidently transmitted by heredity without the original or acquired health of the parents being such as at first to explain the circumstances. Parents may only show symptoms of scrofula after the birth of scrofulous children. Hereditary scrofula never skips a generation.* The hereditary causes of scrofula may be united, in variable number, in the same individual. Marriage is the most ordinary cause of the propagation of scrofulous diseases. Scrofula is very frequent among foundlings and orphans.—The seeds of scrofulous disease may be transmitted by the nurse to her nursing.

Scrofulous families says Lugol, may be recognized by the general impression of debility which all the children present; their state of health being at the most negative, and always exclusive of the attributes of health and strength, and of good organiza-

tion. Their physical forms are devoid of harmony; there is no proportion between the limbs and the trunk; the former are badly attached to a body too long or too short. The development of the similar regions of the trunk is unequal, often giving rise to deformity. The size of scrofulous children is generally short, although sometimes they grow to an extreme height. The mouth is small, and the teeth are black, and soon decay. The spongy tissue of the bones is hypertrophied, so that the joints are disproportionately large. The spine and bones of the pelvis often give way more or less.—The digestive functions are frequently in a continued state of atony, of inertia: such children have no appetite, and do not take enough food to support the economy; others present a voracious appetite, by which, however, they do not seem to profit. The face is pale, the breath fœtid. Constipation alternates with diarrhœa, in which latter case a considerable portion of the food passes through the intestinal canal only partly digested. The skin and cellular tissue is extremely emaciated, or in a peculiar state of unhealthy, hardened hypertrophy. It is often dry, and covered with papulæ of lichen, or prurigo. Children who present these characteristics are generally idle, apathetic, and have no inclination whatever for exercise. Menstruation is very late with girls, and the age of puberty with both sexes is retarded. Writers on scrofula have generally considered a certain degree of *embonpoint* and freshness of complexion to be peculiar to scrofulous constitutions, especially with women. This peculiar kind of beauty is certainly observed, but much less frequently than is generally supposed, and generally co-exists with some scrofulous symptom which reveals its nature, such as a too-dilated pupil; slight epiphora; habitual coryza; obstinate chilblains; a small mouth, of an ogee form; teeth too long and too close, often black and carious; too short and thick a neck; habitual leucorrhœa; dysmenorrhœa; anorexia; frequent sore throats, &c. This state of freshness and fulness seldom lasts long; it disappears early in life, leaving behind a wrinkled skin, which disfigures women who ought still to be in the bloom of youth.

Parents who are not themselves scrofulous, may, under certain circumstances, procreate scrofulous children. The abuse of venereal excitement will lead to this result; and instances of this kind are frequently seen in the higher walks of life. Early marriages are followed by the generation of scrofulous children. A man ought to be five-and-twenty before he marries; before

* Here Lugol is mistaken. [Ed. Dis.]

that period his organization is seldom sufficiently manured to enable him to procreate healthy children. This law holds good throughout nature. The first year or two a fruit-tree bears, the fruit is small in size, indifferent in quality. Such marriages are principally seen in the lowest and in the highest classes of society. Scrofulous children are still more frequently the result of late marriages. If either of the parents has arrived at the time of life when the system begins to decay, their children are generally scrofulous. At the age of forty-five the procreative faculty begins to decline in man. For a few years, however, he is still able to procreate healthy children, but after fifty-two they seldom present the conditions of health. Thus, when a healthy man, advanced in life, marries, his first children are healthy, but they deteriorate as they increase in number. The same remark applies to women. As they approach the critical age their powers of reproduction diminish, and after forty their children are often scrofulous. Disproportion between the ages of the parents is a cause of scrofula among children. The wife ought to be a few years younger than the husband; if she is older the children are generally scrofulous. A man whose bodily strength is not that of his sex, especially if it is much less than that of his wife, will generally have scrofulous children; consequently the popular opinion that the children of a weak scrofulous man married to a strong robust woman will be healthy, is a fallacy. Diseases of the brain appear to modify the reproductive powers.—Those who are laboring under insanity, paralysis, or epilepsy, generally procreate scrofulous children.

Scrofula may be inoculated by suckling—a fact which has been remarked by various authors. Nurses, however, should only be made responsible for scrofula occurring in children whom they suckle, when, on the one hand, it is quite evident that no traces of that disease exists in the child's family, and when, on the other, the diseases can be traced clearly to the nurse. When the constitution of a child is contaminated from this source, its health will form a striking contrast with that of the other members of the family. As a necessary consequence of the above fact, scrofulous mothers ought never to suckle their own children.—*Lancet*.

CLAIRVOYANCE.

DEAR SIR—There is in this place a Clairvoyant, Jackson Davis, whose wonderful powers have for a long time astonished many

of our citizens. This young man is eighteen years of age, is uneducated, and has resided here for the last six years, and is very generally known.

What is perfectly astonishing is, when in the Clairvoyant state, he is complete master of the general sciences, such as physiology, pathology, anatomy, geology, hydrology, phrenology, astronomy, medicine, &c. He is conversant with all these sciences—distinctly points out their fundamental truths, and exposes their incidental errors. He has spoken also in as many different languages, and, whilst in that state is able and willing to give instruction on any subject which will be of benefit to mankind. He has already explained many phenomena in nature which the learned have been unable to fathom, such as for instance the cause of the *variation of the Magnetic Needle*.

Of late, he has given us four lectures on Animal Magnetism. The theory of Magnetism, as given in these lectures, is entirely new, and beautiful beyond description. He shows in a clear and lucid manner that Mesmerism is a science, and that all its phenomena are accounted for on natural principles, thus removing all the mystery in which the subject has been shrouded, and completely reversing all former theories which have been put forth—and he has given Mesmerism a new name, expressive of this fact, that of "*Clairmative-ness*."

Within the last twelve months, this young man has examined and prescribed for upwards of one hundred persons, and has restored them to health.

The names of these persons can be given if called for. Among the number, I will mention Dr. Charles Thatcher, an eminent physician of this town. This gentleman, for four years past, was afflicted with ulceration of the bowels, in consequence of which he was obliged to give up the practice of medicine. He is now restored to health.

This young man has often astonished and confounded me by revealing to me my own thoughts when I have been sitting beside him, in the trance state. And he has frequently done the same with others, in the presence of many witnesses.

He is still engaged in giving us lectures on various subjects, and these lectures in due time will be given to the public.

By giving the above a place in your paper, you will much oblige myself and many of your readers in this vicinity.

GIBSON SMITH,

Pastor of the First Universalist Society.
Poughkeepsie, Feb. 16, 1845.

[*N. Y. Tribune.*]

Bursal Swelling of the Wrist and Palm of the Hand.

BY JAMES SYME, ESQ.

There are few subjects of surgical practice that have occasioned more trouble and disappointment than morbid distension of the bursa, which accompanies the flexor tendons of the fore-arm, in their course under the annular ligament of the wrist, towards the fingers. The resistance of the ligament prevents any enlargement of the bursa where lying under it; but the wrist and palm become distended, so as to occasion an unseemly swelling, and weakness of the hand. The fluid effused into the cavity is generally associated with numerous small cartilaginous-looking bodies, of a lozenge or lenticular figure.

In treating this form of ganglion, the means generally employed prove very unavailing. Punctures either heal without producing any improvement, or remain open, so as to occasion obstinate sinuses. Incisions of larger extent, caustics, and setons, have all been carefully employed with very uncertain benefit, and frequently great suffering; indeed I have known the continued irritation so induced prove fatal. As the treatment of similar derangements in other parts of the body is not attended with such troublesome consequences, the question naturally presents itself, what local peculiarity is concerned in causing the obstinacy of this particular case? The reply suggested by what has fallen within my observation is, that the constriction caused by the annular ligament produces the effect in question, by preventing the portion of bursal sac corresponding to it and the subjacent tendons from undergoing the healing process. Impressed with this conviction, I tried the following experiment, the complete success of which encourages me to hope that the method pursued will be found to afford an effectual remedy for a complaint which has hitherto proved so troublesome.

Janet Preston, aged 20, was admitted on the 13th of February, complaining of pain and weakness in her left hand. The wrist and palm of the hand were much swelled, but not discoloured, and pressure on these parts caused distinct fluctuation, with the jarring sensation that characterizes effusion into the bursal sheaths. She stated that pain had been first felt about two years before, and that for the last twelve months she had had hardly any use of the hand, in consequence of the swelling, and weakness attending it. I made a free incision from the wrist into the palm of the hand, dividing the annular ligament. This gave vent to a quantity of glai-

ry fluid, with many small flat cartilaginous-looking bodies, and exposed to view the flexor tendons, separated and surrounded by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage moderately compressing the hand and wrist. In the subsequent treatment care was taken to prevent protrusion of the tendons, by drawing the edges of the wound together, and applying a compress over the seat of the annular ligament. Not the slightest disagreeable symptom followed the operation, and three days after it the patient was able to sew, which she had been prevented from doing for many months previously. In the course of a few weeks the wound healed, and the limb was in every respect perfectly sound.—*Lond. and Ed. M. J. of M. S., Oct., 1844, p. 825.*

Caoutchouc as a Remedy for Toothache.

Caoutchouc, becoming very smooth and viscous by the action of fire, has been proposed by Dr Rolfs as an excellent remedy for filling hollow teeth, and alleviating the toothache proceeding from that defect. A piece of caoutchouc is to be put on a wire, then melted at the flame of a candle and pressed, while warm, into the hollow tooth, and the pain will disappear instantly. The cavity of the tooth should first be cleaned out with a piece of cotton. In consequence of the viscosity and adhesiveness of the caoutchouc, the air is completely prevented from coming in contact with the denuded nerve, and thus the cause of the toothache is destroyed.—*Medical Times.*

An Extraordinary Fact.

A case has been communicated to the Liverpool Pathological Society by Dr. Gill, of an altogether extraordinary kind. A man by the name of McIvor was dying, and the nurse who was tending him made the following statement:

"Nov. 16th, 11 P. M.—Nurse observed a 'red-hot coal-like streak' on M.'s mouth, and (playing) on his right cheek and top lip, as he lay in the insensibility of approaching dissolution. This flame lasted for about twenty minutes—i. e. until death.

"The impression on the mind of the nurse was, that he was insensible during the whole of this luminous combustion of his breath. He lay with his eyes open, on his back. 'The flame was red, just like red-hot coal-fire,' to which the nurse and the other man (McIvor) both compared it. Nurse pointed to the centre of the clear fire then burning in the ward when these notes were taken; it was 'not blue,' it was persistent with the breath of ex-

piration, ('when he breathed out,' and not *lambent*, 'not flickering, coming and going.') There was in the room a common 'raked' fire in the fireplace at the one end, close to which the nurse stood, and a gas jet burning low, (very low) suspended from a rafter in the middle of the room, and about twelve feet from the dying man's bed. M. had not been taking any phosphoric medicine at all, or any alcoholic stimulant during that day, or for six weeks previous, though he bore the character of being a drunkard. Nurse and Melvor were both terrified so much, that they dared not stir from their places until the flames had ceased."

General Laws Regulating the Displacement of Fractures.

M. Ed. Lacroix has published an interesting and philosophical paper on this subject, to which we beg to direct the particular attention of our surgical readers. His general conclusion is, that "the displacements of bones occur in angles which have the same sines directed in the same planes and in the same sense as the natural curves of the bones implicated."

Clavicle.—Displacement variable according to the point broken; forwards when the two external thirds are broken off from the inner thirds; backwards when the two inner thirds are severed from the outer third; upwards so as to form an angle with its apex superior, where the seat of fracture is the middle of the bone. When the clavicle is broken in two places, one towards the sternal, the other towards the acromial extremity, the natural curves of the bone are replaced by two angular knees, one of which corresponds to each of the solutions of continuity.

Humerus.—Displacement generally outwards, so as to form an angle the apex of which is external when the shaft of the bone is broken, not outwards and upwards as is commonly said by writers; the inferior portion of the bone is most apt to get in front of the superior. In fractures of the inferior extremity the displacement is mostly forwards, and there is generally an increase of concavity inwards, of convexity outwards; the inferior portion is also very apt to rotate outwards and inwards.

Forearm.—Tendency to displacement, outwards and backwards, when both bones give way in the middle. The ulna alone fractured in its upper portion, the tendency is to displacement backwards and outwards; in its lower portion, to displacement forwards and inwards. The radius having given way singly in its upper third, the tendency to displacement is inwards, to the formation of an

angle, the apex of which looks inwards; the bone having yielded in the middle, the angle of displacement will regard backwards; and having failed in its lower third, the angle will turn inwards and backwards.

Femur.—Wherever seat of the fracture, the extremity of the superior portion of the bone tends to get in front of the inferior, and to form an angle projecting outwards.

Tibia.—When the bone is broken in its lower moiety, there is a general tendency to rotation, in which the inner malleolus becomes more anterior; and to the formation of an angle, the apex of which looks backwards.

Fibula.—Constant tendency to form an angle whose apex regards inwards, and more or less backwards.

Tibia and Fibula.—General tendency to the formation of an angle, with its apex turned posteriorly and internally. Less disposition to rotation than when either of the bones is broken singly.

But we must refer to the original and very ingenious paper of M. Lacroix for other and more particular information, in *Annales de la Chirurgie Francaise*, &c., Mars, 1844.

[*Medical Gazette*.]

Varicocele Treated by Compression.

Mr. Curling publishes some cases of this kind to show the value of compression at the external ring in curing the enlarged veins. The cure seems to depend not so much on the pressure as on the removal of the hydrostatic pressure of the blood in the dilated veins by means of the presence of the moc-main truss. In one case "there was a large bunch of dilated veins above and behind the left testis. There was a dull aching pain, which became worse towards evening."—The moc-main lever truss was applied day and night, so as to compress the spermatic veins at the external abdominal ring. This ended in a complete cure. Another case of the same kind is related, which was equally benefitted by the compression.—*Lancet*.

Inoculation with Strychnia in Amaurosis.

BY DR. VERLEIGH.

The subject was a lady, twenty-seven years of age, of nervous temperament, affected with incomplete amaurosis of the left eye, and commencement of the same disease in the right one. The disease was of three months' standing, and of rheumatic origin; after two months' fruitless efforts, Dr Verleigh tried inoculation with the sulphate of strychnia in the neighbourhood of the orbit. A grain of the salt was dissolved in two drops of water; the first day twelve inocula-

tions were performed, six above the eye in the course of the supra-orbital nerve, six under, and on the side of the nose where the ethmoidal filaments and nasal branch terminate, and whence arise the filaments which go to the iris. There was no effect that day; but next day some slight tremors occurred in the neighborhood of the inoculated spots. After two days rest the inoculations were repeated and the number of punctures increased to eighteen. The patient now became sensible of a slight haziness. After five successive inoculations, carried to the length of thirty punctures, she commenced to distinguish objects; after the eighth, vision was completely restored; the contraction of the pupil gradually increased, and the other symptoms diminished after five grains of the sulphate had been used; during the same time inoculations were had recourse to in the neighborhood of the right eye; after the lapse of two months the patient continued perfectly restored; and this the author conceived sufficiently long to warrant him in considering the cure as permanent.—*Gazetta Medica de Milano.*

The Styptic Power of Ergot.

[Mr. Liston, in his lectures on surgery, relates the following case to show the efficacy of this medicine as a styptic.]

Mr. Wright, of Nottingham, an excellent surgeon, told me of a case in which a strong decoction of the herb proved immediately efficacious in a case of very profuse and alarming bleeding. The case was a very odd one. A man in the country had been suspected of unfaithfulness to his wife, and she caught him at last in the embraces of another woman. She was in a great rage, snatched up his fowling-piece, which he had put down in the room, loaded, and when he had got fairly upon his legs, she presented it at him, and blew away one side of his face. He went on recovering very well, for a time, from this dreadful and dangerous wound, but one day very profuse hemorrhage took place. The wound was so extensive that it was impossible to say where the blood came from; it was doubtful whether even the ligature of one carotid would suffice. Knowing the powerful astringent effects of the ergot, Mr. W. begged of Dr. Sibson, the intelligent and active resident medical officer, to have a decoction of the remedy injected into the wound, and amongst the ethmoid cells, and some dossils of lint, soaked in the decoction applied to the wound. It had the effect of instantly stopping the bleeding; a clot was formed, there was no recurrence of it, and the case did very well. The oil of ergot is as I have said, reputed to be very effectual as

a styptic, and I shall certainly use it on the first favourable opportunity that presents itself.—*Lancet*, Aug. 31, 1844, p. 691.

EXTIRPATION OF THE MAMMA OF A FEMALE IN THE MESMERIC SLEEP, WITHOUT ANY EVIDENCE OF SENSIBILITY DURING THE OPERATION. By L. A. Dugas, M. D. Professor of Physiology in the Medical College of Georgia.

On the 3d of January, 1845, Mrs. Clark (wife of Mr. Jesse Clark, of Columbia county, Georgia,) came to this city for the purpose of getting me to remove a scirrhous tumor off her right mamma, which had been gradually increasing for the last three years, and which had now attained the size of a turkey's egg. The tumor had never caused any pain of consequence, was not adherent to the skin, nor did it implicate any of the axillary glands.—Mrs. C. is about 47 years of age, has never borne a child, and her health, though by no means robust, was pretty good, and had not been impaired by the evolution of the tumor. The operation having been determined upon for the following day, Mrs. C. remarked to me that she had been advised by Mr. Kenrick to be mesmerized, but as she knew nothing about it, she would like to have my advice, and would abide by it. To which I replied that there were several well authenticated cases on record, in which surgical operations had been performed under mesmeric influence, without the consciousness of the patient; that I would be happy to test the subject in her case, and that I would endeavor to mesmerize her, instead of operating as had been proposed on the day following.

On the 4th of January, at 11 o'clock, A. M. I called on Mrs. C. and was informed that on the preceding evening she had been put to sleep by Mr. B. F. Kenrick, at whose house she resided. I then mesmerized her myself, and induced sleep in about fifteen minutes. Finding my patient susceptible to the mesmeric influence, and reflecting that it would not be convenient for the same person to maintain this influence and to perform a surgical operation at the same time, I requested Mr. Kenrick to mesmerize Mrs. C. morning and evening, at stated hours, until insensibility could be induced. This was regularly done, with gradually increasing effect, when, on the evening of the 6th of January, sleep was induced in five minutes, and the prick of a pin was attended with no manifestation of pain. The sittings were continued, and the patient's insensibility daily tested by myself and others in various ways. On the 9th of January I invited Professor Ford to be present, and, after pricking and pinching strongly

the patient without evidence of pain, the mesmerizer was requested to leave the room, when we exposed the breast, handled it roughly in examining the tumor, and re-adjusted the dress, without the consciousness of the patient. We then held to her nostrils a vial of strong spirits of hartshorn, which she breathed freely for a minute or two, without the least indication of sensation, unless the fact that she swallowed once be regarded as such, instead of a mere reflex action. On the 11th of January, in presence of Professors Ford and Means, in addition to the usual tests, I made, with my pocket-knife, an incision about two inches in length, and half an inch in depth, into the patient's leg, without indication of sensation.

Fully satisfied now of our power to induce total insensibility, I determined to operate on her the next day at noon, but carefully concealed any such design from the patient and her friends, who did not expect its performance until several days later.

On the 12th of January, at twenty minutes past 11, A. M., Mrs. C. was put to sleep in forty-five seconds, without touch or pass of any kind, the facility with which the mesmeric influence was produced having gradually increased at each sitting. At 12 o'clock, in presence of Profs. Ford, Means, Gavin and Newton, and Dr. Halsee, the patient being in a profound sleep, I prepared her dress for the operation, and requested my professional brethren to note her pulse, respiration, complexion, countenance, &c. before, during, and after the amputation, in order to detect any evidence of pain or modification of the functions. As Mr. Kenrick had never witnessed a surgical operation, he feared he might lose his self-possession, and requested to be blindfolded; which was done. He now seated himself on the couch near the patient, and held her hand in his during the operation. This was accomplished by two elliptical incisions about eight inches in length, comprehending between them the nipple and a considerable portion of skin, after which the integuments were dissected up in the usual manner, and the entire mamma removed. It weighed sixteen ounces. The wound was then left open about three quarters of an hour, in order to secure the bleeding vessels, six of which were ligated. The ordinary dressing was applied, and all appearances of blood carefully removed, so that they might not be seen by the patient when aroused.—The amount of hemorrhage was rather more than is usual in such cases.

During the operation, the patient gave no indication whatever of sensibility, nor was any of the functions observed by those present modified in the least degree. She remained

in the same sound and quiet sleep as before the use of the knife. Subsequently the pectoral muscle, which had been laid bare, was twice or thrice seen to contract when touched with the sponge in removing the blood. About fifteen minutes after the operation, a tremulous action was perceived in her lower jaw, which was instantaneously arrested by the application of the mesmerizer's hand to the patient's head. This phenomenon recurred in about ten minutes after, and was again in the same manner quieted. Professor Ford, who counted the pulse and respiration, states that before any preparation was made for the operation, the pulse was ninety-six, and the respiration sixteen per minute; that after moving the patient to arrange her dress for the operation, and just before this was commenced the pulse was ninety-eight, and the respiration seventeen; that immediately after the detachment of the breast, the pulse was ninety-six, respiration not counted; and that after final adjustment of the bandages and dress, which required the patient to be raised and moved about, the pulse was ninety-eight and the respiration sixteen. All present concur in stating that neither the placid countenance of the patient, nor the peculiar natural blush of the cheeks, experienced any change whatever during the whole process; that she continued in the same profound and quiet sleep, in which she was before the operation, (with the exceptions above noted,) and that, had they not been aware of what was being done, they would not have suspected it from any indications furnished by the patient's condition.

The patient having been permitted to sleep on about half an hour after the final arrangement of her dress, the mesmerizer made passes over the seat of the operation, in order to lessen its sensibility, and aroused her in the usual manner, when she engaged in cheerful conversation with Mr. Kenrick and myself, as though she had no suspicion of what had taken place. I then introduced to her the gentlemen who had placed themselves so as not to be seen by her on awakening, and observed, that I had invited them to come in during her sleep, in order that we might fully test her insensibility, preparatory to the operation. After a few minutes of conversation, I asked her when she would like to have the operation performed? to which she replied, the sooner the better, as she was anxious to get home. I added, "Do you really think that I could remove your entire breast, when asleep, without your knowledge?" Answer. "Why, doctor, the fact is, that from the various experiments I am told you have made on me, I really do not know what to think of it. "Well, madam, suppose I were to perform the operation one of these days, and

to inform you of it when you would awake. would you believe me, and could you control your feelings, on finding that it had been done?" Answer. "I could not suppose that you would deceive me, and of course I would be very glad, but would try not to give way to my feelings." "Have you perceived since your arrival here, or do you now perceive, any change in the ordinary sensations of the affected breast?" "No, sir; it feels about as it has done for some time back." About a quarter of an hour having elapsed since she woke, I then told her that, as we found her in a proper state for the operation. I had performed it, and that the breast was now removed. She expressed her incredulity—said I was certainly jesting, as it was impossible that it could have been done without her knowing it at the time, or feeling any thing of it now. She became convinced only on carrying her hand to the part, and finding that the breast was no longer there. She remained apparently unmoved for a few moments, when her friends approaching to congratulate her, her face became flushed, and she wept unaffectedly for some time. The wound healed by the first intention.

In laying the above narrative before the profession, it is due to the cause of truth to state, that it has been submitted to all the physicians present at the operation, and that I am authorized by them to say that it accords in every particular with their own observations so far as they were present. I should also add that, having no other object in view than the establishment of the fact that a surgical operation may be performed under such circumstances, without the consciousness of the patient, I have designedly avoided any mention of the various and interesting mesmeric phenomena manifested prior and subsequently to the operation.

Augusta, Ga., Feb. 1st, 1845.

[Southern Med. and Sur. Jour.]

MAGNETIC SLEEP.

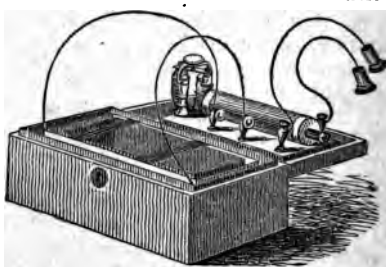
(Continued from Page 45.)

The internal organization of the pole in the centre of the brain, as disclosed in the somniscient state, is a subject of great interest; for the interior inverted cone, described by clairvoyants, is the magnetic miniature germ of the form of the brain. The heart, lungs, stomach, and other organs, as well as the limbs, have magnetic miniature germs of their organizations, which are varied, according to the variations in the forms of the organs and limbs, as seen by clairvoyants. These organizations are also seen to be connected together by magnetic axes and interlacings, irrespective of the organization of the nervous system, and constitute a perfect mag-

netic, spiritual, or immaterial form, corresponding with that which is material. They are purely spiritual forms, connected with, or inclosed in, those that are material, and according to the concurrent testimony of clairvoyants, these spiritual forms are raised in all the beauty of their earthly tenements.

The germs with which the human system was formed and perpetuated, are, therefore, magnetic or immaterial forms, inclosed in those that are material; and according to the same concurrent testimony, the entire animal and vegetable kingdoms were formed, and perpetuated in the same manner. Hence we infer a corresponding cosmogony of the solar system, and of the stars in the heavens.

VIBRATING MAGNETIC MACHINE.



We have substituted a spring, as seen in the above figure, which vibrates so fast as to make the motion of the forces continuous. The power of the instrument is also greatly increased, and, with the continuous motion of the forces, makes them greatly superior to the rotaries, or any other instruments for magnetizing. We have also made other important improvements connected with these machines, in which no expense has been spared to render them every thing that could be desired for the purpose for which they are intended.

The construction of these machines is so simple as to make any instructions for running them apparently unnecessary. We may, however, observe that the solution of sulphate of copper, with which the instrument is run, should be a saturated solution, or as strong as it can be made, and should be poured into and nearly fill the space surrounding the zinc: when, on adjusting the conducting wires from the battery to the instrument, as seen in the above engraving, the armature or spring will commence vibrating, if the screw presses moderately upon it.

If the pressure, however, is very strong, strike the spring downwards with the end of the finger, when it will vibrate unless the screw presses too hard.

A very little attention to the effect of the

screw upon the action of the spring, will enable any person to understand it, and to see that the intensity of the forces from the machines may be varied by the screw as well as by the piston.

CASES.

CHRONIC MUCOSIS* OF THE LUNGS.

Chronic Bronchitis.

Mr. J. G. of Sixth Avenue, New York, aged 40 years. Called to see him Nov. 17th 1844, and found him in the last part of the last stages of chronic mucosis of the lungs. He had severe hemorrhage from the lungs about three months before, about a year after the disease commenced, and was now raising large quantities of matter—was emaciated, had night sweats and sleepless nights—was sinking fast under the ordinary treatment, and in this state abandoned by his family physician as a hopeless case.

There was no pain or tenderness produced by pressure on the ganglions of the spinal nerves connected with the lungs or any other organ.

We now magnetized his lungs in the most thorough manner, and directed Mrs. G. to repeat the operation morning and evening, and give him a pill of the following prescription, morning, noon and night.

Hard Bal. Copa and Cubebs, - - 3 iiss
Ext. Hyos. - - - - - 3 ss
Make one hundred pills.

We also directed the use of Port wine or strong beer morning and evening, and brandy at dinner, with the most nourishing diet. Mrs. G., after having recovered from her frightful apprehensions of a return of the hemorrhage, from the gormandizing beverage we had prescribed, promised a faithful adherence to our advice, and afterwards called upon us once a week with buoyant spirits to advise us of the favorable progress of the case.

At the end of four weeks a messenger called to inform us that "a gentleman whom we had cured of consumption" had that day "examined Mr. G. and found he had tubercles in his lungs, and required the gold pills."† I had, however, no hesitation in declaring my belief that the gentleman was mistaken, but promised to call and see the patient, when, on applying pressure upon the ganglions of the spinal nerves connected with the lungs, we found them very sensitive, and consequently that tubercles had formed in his lungs, as they frequently do in the last stage of mucosis. His cough and expectoration had, however, been gradually decreasing—his night sweats had disappeared, and he had gained flesh and strength.

We now added to our prescription in this case the magnetized gold pill morning and evening, and in five weeks from this time his cough and expectoration ceased, and he is now, Feb. 20th, attending to his daily routine of business.

We have selected this case for notice from among many others, to show the effect of the treatment in chronic mucosis, and also as an example of the development and treatment of tubercles in the last stage of the disease.

CHRONIC SEROSIS* OF THE UTERUS, STOMACH, AND LIVER.

Tubercula; Chlorosis; Green Sickness; Pallidus Morbus.

Miss J. S. of Newark, N. J., aged 22 years. On an examination of this young lady in June, 1844, there was found great sensibility to pressure on the ganglions of the spinal nerves connected with the heart, stomach, liver, and uterus, and it was two years since her health began to decline, and a year and a half since the last recurrence of the catamenia. She was greatly emaciated—her skin perfectly blanched—was very feeble, and in the last part of the last stage of the disease. She had been a long time under the ordinary routine of treatment of the schools, but the disease continued to make progress.

The gold pills were now prescribed, with the action of the Rotary Magnetic machine, and we magnetized the diseased organs from one to three times a week. It was, however, five or six weeks before the disease began to give way, when she began to gain strength, and to show some color in her skin.† Her appetite began to increase, and she now began to gain a little flesh, and more color in the skin. In about four months her breasts began to expand, and in about six months the catamenia appeared, after an absence of more than two years, and her health was soon re-established. As a matter of curiosity, we have since looked into a number of recent medical works of high reputation, to see the notions of the writers on the subject of the fatal disease called *Chlorosis*, with which our patient was affected; and we have no hesitation in saying that none of them knew a word of the true cause of the phenomena presented in such cases, or of the proper treatment of the disease.

CHRONIC SEROSIS OF THE ABDOMEN.

Ascitis Dropsy.

In the last stage of chronic disease of the organs, their serous surfaces excrete an albuminous serum, which accumulates in the

* Chronic diseases of the serous membranes.
† We did not learn the name of the gentleman.

* Chronic disease of the serous membranes.
† This young lady required constantly two of the gold pills a day to keep her from sinking.

cavity of the abdomen, and distends it. Serum is also excreted by the serous surfaces of the fascia of the muscles, when the feet ankles, and legs, begin to swell, and sometimes, with the abdomen, become very large.

We commenced magnetizing a perfectly hopeless case of this kind about seven weeks since, of a lady aged 40 years, and the results have been such as to leave little doubt that the forces from the magnetic machines will be found greatly superior to any other remedy in such cases. It was a case of serous disease, and very great enlargement of the left kidney.

We placed the negative button over the ganglion of the spinal nerve connected with the organ, and moved the other, repeatedly, all over the abdomen, under the full power of the instrument. We then placed the positive button over the ganglions of the spinal nerves connected with the stomach, and repeated, with the negative button, the operation over the abdomen, and then magnetized the feet and legs in the usual manner, under the full power of the instrument.

We repeated this operation nearly every day, with a daily progress of improvement, without any other aid than that of Homœopathic medicines, and the swellings have now nearly disappeared, and the lady's general health and strength greatly improved.

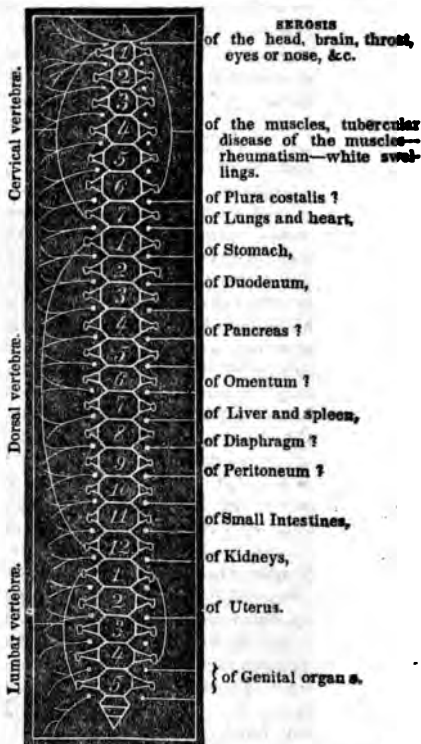
On reading over this case, I find I have described it so as to make it appear not more than about half as bad as it really was, or would have appeared had it been described by her family physician, who prescribed the medicine required during the time we were magnetizing her.—[Sherwood's Manual for Magnetizing, fifth edition.

ANATOMY AND PHYSIOLOGY.

It is now more than thirty years since we ascertained by the magnetic symptoms, and by post-mortem examinations, that there was a direct connexion between the ganglions of the spinal nerves, and the serous surfaces of the organs, as well as with the muscles.—These ganglions were thus found to be connected with the different organs, and with the muscles, in the order described in diagram A.

The intermediate ganglions are no doubt connected with the different viscera, and a physician of this city has, at our request, directed his attention to this subject. He has been trying to determine these connections by the action of the magnetic machines, and the result thus far makes the probable connections as marked with interrogation points.

When the doctor found tenderness on applying pressure over the ganglions, thus



marked, he placed the positive button over the ganglion thus indicated; and then passed the negative button over the entire surface of the chest and abdomen, under a moderate power of the instrument, by which sensations, more or less painful, were produced on different parts of these surfaces, and which induced him to locate the connexions as above described.

No opportunity has, however, occurred to test their correctness by post-mortem examinations, and we would now suggest to physicians who are practising the magnetic symptoms, and using the magnetic machines, the importance of these scientific investigations, and of ascertaining, and publishing, as soon as possible, the true connections of these ganglions with the viscera.

The connections of the spinal nerves between the 3d and 4th, 5th and 6th, and 10th and 11th dorsal, should also be ascertained, as well as the connection of the lumbar vertebrae in males, corresponding with those that are connected with the uterus in females.

This is a fine field for investigation and for distinction, and we hope that the enterprising young men of the profession will not fail to enter upon it.—[Ib.

Letter to the Editor from J. D. Friend, M. D.
 Middletown, N. Y., March 6, 1845.

DR. SHERWOOD—Dear Sir:—I am much gratified with the Magnetic Machine. I consider it, from the opportunities I have had of testing its virtues, an *invaluable* assistant to the practitioner: and these opportunities have not been few; for I have used it, during the last two months, in more than thirty cases; and in each instance the effect has been more or less salutary. In the first case which I used it, I was astonished at the *immediate* relief it afforded the patient. This was a case of Tic Douloureux, and abscess of the Alveolar process. The patient was a lady nearly sixty years of age, and had been afflicted for more than six years. The pain was so severe that I was assured by her relatives she had not for three months previous to my being called, slept *five minutes* during the night. After the first application she rested well and sent for me early to repeat the operation. The result is that she is nearly as well as she ever was, with every prospect of her complete restoration. In cases of Rheumatism, Head-ache, Bronchitis, and Prolapsus Uteri, I can confidently recommend the Machine as a remedial agent which will not disappoint the practitioner. I may mention, in closing this brief communication, that a severe case of *colic* which came under my observation was completely cured in less than ten minutes by the application of the machine.

I have been very much amused at the reports which have been circulated in reference to the supernatural effects which have been attributed to this beautiful piece of mechanism, which is rather a matter of surprise since there is such a wonderful propensity in the human mind to reject everything which does not come recommended for its antiquity; and it can be for this reason and for no other that mankind have adhered with such pertinacity to the absurdities and contradictions and barbarisms of a false school of medicine; and it is a fact that the inquirer after truth who endeavours to arrive at *practical* knowledge by an examination and study of the countless volumes which have been issued by as many ambitious aspirants, must of necessity become lost and bewildered in the search, without having the satisfaction of knowing that he has, by concurrent testimony, established in his mind *one important principle*—one universally acknowledged opinion!

Knowledge and science are ever progressive; and he who with a self-satisfied and egotistical air laughs at the pretensions of any fresh discovery, without previously in-

vestigating its merits, may aptly be compared to the snail, which inhabiting its own narrow shell, thinks the whole universe lies within the scope of its limited vision. He who will not read and compare and investigate must remain in ignorance; and while it is the duty of every man to deal justly with every subject that may be presented to his mind, he acts unwisely when he *takes that for granted*, which the testimony of centuries even has stamped with the seal of approval. For the reason, simply, that a certain dogma comes down to us dressed up in the habiliments of age, and loaded with the "dust and cobwebs of time" is no *real* evidence of its correctness. DOUBT, IGNORANCE AND STUPIDITY have ever been at work, rearing boundaries and barriers to the advancement of the human intellect: and they have been arrested most arduously by our "Medical professors" and the host of "blind leaders of the blind." In the study of medicine we have taken too much for granted. And we have found it easier to follow than to lead. The *ipse dixit* of the celebrated Doctor such-an-one has been received with all the meekness and servility of an urchin in the school room. The scientific conclusions of the learned Sir John Somebody, have placed the capstone upon a given science: and sacrilegious are the hands that dare attempt to hurl it from so proud an eminence or carry the structure to a more grand and dazzling height.

The "science of medicine," if it could be embodied, would be found to have upon its huge trunk ten thousand wounds and bruises and putrifying sores that can never be "bound up or mollified with ointment!"

But, thanks to the "dawning intelligence" of the age, men are beginning to break away from the restraints of the schools, and are weighing and investigating for themselves. They are beginning to discover the absurdities and gilded ignorance of those schools, and to follow more closely the dictates and teachings of plain experience and nature.

Yours, truly,

John Wesley and Electricity.

The individual whose name stands at the head of this article was one of the most remarkable men of the past century. For depth of scholarship, consistent piety, abundance of labors, and a rich harvest of success, he has been excelled, or even equalled, by few men since the days of the apostle Paul. The general wisdom of his plans and arrangements is manifest from the fact that more than a million of his followers are found in this country, and nearly that many more in Great

Britain and Ireland, whose consistent piety is read and known of all men. He died at the advanced age of 88; and although not a day was given to repose, nor an hour to unnecessary leisure, for 70 years he did not lose a night's sleep, and such was his capability to endure fatigue, that in his eighty-fifth year, he speaks of that day as a day of leisure, in which he preached only twice. It was the misfortune of this distinguished man, quite early in his public life, to be the subject of a severe pulmonary affection, bringing him almost to death's door. This fact, in connexion with many others which came under his observation, induced him to pay particular attention to the economy of nature and the laws of life. His work entitled, "*Primitive Physic*," or "*An easy and natural method of curing most diseases*," reached its twenty-third edition before his death in March, 1791. It is not my intention to notice at length more than one of the remarkably simple and therefore efficient remedies there suggested for the relief of human suffering;—one only shall claim our attention: it is *Electricity as a remedial agent*. It was soon after the very interesting experiments of Drs. Franklin, Lovett, Hoadly, and others, were published, that Mr. Wesley collected together the sum of what had been written on this subject, and published it with this title: "*Desideratum: or Electricity made plain and useful. By a lover of mankind and common sense.*" His opinion of its efficacy is thus expressed:

"Indeed there cannot be in nature any such thing as an absolute panacea—a medicine that will cure every disease incident to the human body. If there could, Electricity would bid fairer to do it than any thing in the world; as it takes place in such a vast number of disorders, some of them so widely different from the others."

On the 20th of February, 1753, there is the following statement in his journal. "I advised one who had been troubled many years with a stubborn paralytic disorder, to try a new remedy. Accordingly she was electrified, and found immediate help. By the same means I have known two persons cured of an inveterate pain in the stomach; and another of a pain in his side, which he had had ever since he was a child. Nevertheless who can wonder that many gentlemen of the faculty, as well as their good friends the apothecaries, decry a medicine so shockingly cheap and easy." In perfect accordance with this, on the 9th Nov. 1756, I find the following: "Having procured an apparatus on purpose, I ordered several persons to be electrified, who were ill of various disorders; some of whom found an immedi-

ate, some a gradual cure. From this time I appointed, first, some hours in every week, and afterwards, an hour in every day, wherein any that desired it might try the virtue of this surprising medicine. Two or three years after, our patients were so numerous that we were obliged to divide them. So part were electrified in Southwark, part at the Foundry, others near St. Paul's, and the rest near the seven dials. The same method we have taken ever since; and to this day, while hundreds, perhaps thousands, have received unspeakable good, I have not known one man, woman, or child who has received any hurt thereby: so that when I hear any talk of the danger of being electrified, (especially if they are medical men who talk so,) I cannot but impute it to a great want either of sense or honesty."

As the work to which I have alluded is entirely out of print, I beg leave to make the following quotations from its preface:

"And yet there is something peculiarly unaccountable with regard to its operation. In some cases where there was no hope of help, it will succeed beyond all expectation; in others where we had the greatest hope, it will have no effect at all. Again, in some experiments, it helps at the very first, and promises a speedy cure; but presently the good effect ceases, and the patient is as he was before. On the contrary, in others it has no effect at first; it does no good; perhaps seems to do hurt. Yet all this time it is striking at the root of the disorder, which in a while it totally removes. Frequent instances of the former we have in paralytic, of the latter in rheumatic cases.

"But still one may, upon the whole, pronounce it the *Desideratum*. The general and rarely failing remedy in nervous cases of every kind (palsies excepted) as well as in many others. Perhaps if the nerves are really perforated (as is now generally supposed) the electric ether is the only fluid in the universe which is fine enough to move through them. And what if the nervous juice itself be a fluid of this kind? If so, it is no wonder that it has always eluded the search of the most accurate naturalists.

"Be this as it may, Mr. Lovett is of opinion, 'the electrical method of treating disorders cannot be expected to arrive at any considerable degree of perfection, till administered and applied by the gentlemen of the faculty.' Nay, then *quantum de spe decidi!* All my hopes are at an end. For when will it be administered and applied by them? truly *ad Gracis Calendis*. [Never.]

"Therefore, without waiting for what probably never will be, and what indeed we have no reason to expect, let men of sense

do the best they can for themselves, as well as for their poor, sick, helpless neighbors. How many may they relieve from racking pain or pining sickness, by this unexpensive and speedy remedy! restoring them to ease, health, strength, generally in a few minutes, frequently in a moment! And if a few of these lovers of mankind, who have some little knowledge of the animal economy would only be diligent in making experiments, and setting down the more remarkable of them, in order to communicate them one to another, that each might profit by the others' labor, I doubt not but more nervous disorders would be cured in one year, by this single remedy, than the whole English MATERIA MEDICA will cure by the end of the century."

The above testimony is valuable not only because of the source from whence it comes, but because it is confirmed by recent experiments, and is entirely disinterested: as such it is commended to the attention of the public.

R.

Newark, N. J., March 1, 1845.

Dr. SHERWOOD:

Sir—For more than a year past, I have been in the constant use, in my practice, of the Electro-Magnetic Machine, and I must acknowledge it has more than met my expectations in its effects. It exerts a most surprising influence in reducing inflammations, soreness and pains. It seems to exhilarate the nerves, excite the absorbents, dissolve and remove obstructions in many instances in an extraordinary manner.

I applied it to an elderly gentleman who had a large tumor on the lower point of the sternum, of some thirty years standing. It caused it to suppurate in a few days, and entirely removed it. I applied it to a Mr. L. for a tumor on the side of the neck, of some ten years standing, and in a few weeks it caused suppuration, and completely cured it.

I have given permanent relief to several cases of Tic Douloureux, and restored the senses of hearing and smelling. In one or two cases of mucous diseases the effect has been astonishing.

I have recently applied it with wonderful effect in a very severe case of hip disease, using also your Electro-Magnetic pill at the same time.

I have just relieved two severe cases of St. Vitus' dance; and I might multiply the cases, but this must answer for the present.

As ever,

L. D. FLEMING.

MAGNETIC MISCELLANY.

In magnetizing a boy aged 12 years on the 23d of March inst., with recent paralysis of the *left* arm, tongue and face, and tetanic rigidity of the muscles of the neck, &c., we placed the positive button in his *left* hand, and the negative button in our *left* hand, while we made passes with the right hand over the face during four or five minutes. In about five minutes from the time we finished the operation, our *left* arm began to *ache*,* and the intensity of this sensation increased so rapidly as to completely paralyze the arm in one minute, and in about two minutes it was so great as to be insupportable. A sinking sensation began to pervade the system, when we called for assistance, and had the negative button quickly placed in the left hand, and the positive on the neck, under the full power of our largest machine. We soon felt a pleasant sensation from the action of the instrument—the horrible aching sensation began to give way, and in about five minutes it had ceased very nearly, and the motion of the arm restored. In this case the disease in the left arm of the boy was conducted to our left arm by the current from the positive button in an opposite direction from the current which was at the same time moving from the negative to the positive button.

This manner of magnetizing is a very pleasant one for patients, but sometimes, as we have now learnt, a very dangerous one for magnetizers.†

The most severe cholic pains are reduced with great rapidity by the action of the machines, as we are informed by several physicians. Two cases of recent dropsy—one from chronic serosis or tubercular disease of the heart and muscles, and the other from chronic serosis of the liver and right kidney, have, we are also informed, been promptly removed by the action of these instruments.

Asthma's which have long defied every

* *ACHING* is the sensation produced by the prevalence of the positive over the negative force, and *PAIN* the sensation produced by the prevalence of the negative over the positive force.

† We have taken disease in mesmerizing patients, and in each case it was the exact counterpart of the disease with which the patients were affected.

other remedy, have readily yielded to the action of these machines. In these cases patients should be magnetized as in Bronchitis.

The importance of a scientific application of the buttons may be seen in the fact that many cases of disease which resisted an empirical manner of magnetizing, have yielded readily to a scientific application of the buttons.

Dr. Cox, of Williamsburg, N. Y.; has cured a bad case of white swelling of the knee, with the Savage Rotary Machine alone.

Dr. Baker, of Brooklyn, New York, has brought a child about two years old to life, and saved it with one of these machines, after it had been apparently dead ten or fifteen minutes.

Dr. — brought a child to life under similar circumstances. It breathed a few minutes, but in consequence of some difficulty in running the machine, the child was lost. On learning these circumstances, we determined, if possible, to have a machine which should not be subject to such accidents, and we have succeeded in the Vibrating Machine with the assistance of the ingenious Mr. Cornell, of the Magnetic Telegraph.*

SALT RHEUM. The worst cases of this disease are quickly cured by the action of the machine. Dilute Sulphuric acid is the remedy to use at the same time. One drop of the acid to ninety of alcohol—magnetize. Dose three to five drops two or three times a day, in a wine glass of water.

Dr. Milsbaugh, of Orange county, N. Y., has cured a case of Amaurosis with the Savage Rotary Machine.

There are some cases of rheumatism in which pain in a limb or other part of the system commences or is increased on becoming warm in bed at night. In these cases the Tincture Rhus Toxicodendron† is the remedy which should be used in conjunction with the action of the machine. Dose 1 to 3 drops in a wine glass of water, three times a day, according to the age and condition of the patient.

* Impostors are already engaged in attempts to impose on the public miserable imitations of these machines.

† Weissmann & Cassebeer, German Apothecaries, New York.

BILIOUS FEVERS.—A number of physicians of this city and country, have reduced violent paroxysms of fever with these instruments, in from five to ten minutes. The excessive action of the instrument on persons in health, produces fever.

The blood is dark colored in fevers and in acute and chronic diseases, and becomes more florid under the action of the instrument.

In the Vibrating Magnetic Machines, the circuit of the forces is broken so fast as to make their motions continuous, without variation of intensity except by the action of the piston, and they consequently accumulate in the system with great rapidity.

In from five to ten minutes from the time we commence magnetizing patients, the pores of the skin are generally opened by the action of these forces, and they begin to perspire. It is commonly only necessary for patients to hold the buttons in the hands, under a moderate power of the instrument, to obtain these results.

Nothing can be compared to the curative action of these machines in acute diseases, or in inflammations. The Lancet, Calomel, and Blue Pill, which entail diseases on millions of the human race every year, may now be laid aside with perfect safety to patients, and abiding benefit to their posterity.

Some physicians think these instruments are of greater importance in acute diseases than in those that are chronic, from the great rapidity of the cures in such cases. They should, however, never forget the fact, that chronic diseases are slow in their progress, and consequently necessarily so in the cure.

ULCERATED EARS.—R. Jamaica spirits, a wine glass. Honey, a tea-spoon full. Mix, and introduce a little into the ulcerated ear morning and evening, with a feather.—[Dr. Van Buren.

RHEUMATISM.—The nitrate of potash (salt petre) is far superior to the hydriodate or iodide of potash in rheumatism or tubercular disease of the muscles, as well as in other scrofulous affections, or tubercular disease of other parts of the system. Yet physicians will prescribe the hydriodate until it goes out of fashion.

THE DISSECTOR.

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FALLACIES OF THE FAULTY.

*Lectures delivered at the Egyptian Hall, Piccadilly.
London, 1840*

BY S. DIXON, M. D.

LECTURE VI.

Present State of Medical Practice in England.

**Dyspepsia—Hysteria and Hypochondria—Insanity—
effect of Ligatures—Faint—Congestion, its nature
—Infantile Convulsions.**

GENTLEMEN :

After a long intercourse with the world, and a rigid examination of what, in his day, was called its wisdom, the great Lord Bacon, musing doubtless over his own philosophical discoveries, thus writes:—"It is a view of delight to stand or walk upon the shore-side, and to see a ship tossed with tempest upon the sea, or to be in a fortified town, and to see two battles join upon a plain; but it is a pleasure incomparable, for the mind of man to be settled, landed, and fortified in the certainty of truth; and from thence to descry and behold the errors, perturbations, labours, and wanderings up and down of other men." But, Gentlemen, however exciting this kind of pleasure be to him, who should be content with merely making a discovery to himself—the making of it public has its drawbacks; for "whoever," in the words of Johnson, "considers the revolutions and the various questions of greater or less importance, upon which wit and reason have exercised their power, must lament the unsuccessfulness of inquiry, and the slow advances of truth, when he reflects that great part of the labor of every writer, is only the destruction of those that went before him. The first care of the builder of a NEW SYSTEM, is to demolish the fabrics that are standing." But how can you brush away the cobwebs of ages from the windows of truth, without rousing the reptiles and insects that so long rejoiced in the darkness and secrecy these cobwebs afforded—the bats

and spiders, to whom the daylight is death! Truth, like a torch, does two things; for not only does it open up to mankind a path to escape from the thorns and briars which surround them; but breaking upon a long night of ignorance, it betrays to the eyes of the newly awakened sleeper, the bandits and brigands who have been taking advantage of its darkness to rob and plunder him. What has Truth to expect from these?—What, but to be whispered away by the breath of calumny, to be scouted and lied down by the knaves and fools, whom interest or intercourse has leagued with the public robber as his partizans. Who will talk to me of conciliation? Who will tell me that mild and moderate measures ever brought over such implacable enemies to the ranks of their destroyer; or that robbers rioting in the spoils of their victim, will listen to the voice of the charmer, charm he never so wisely? Surely people must be out of their senses, who imagine that any exposition of Truth will be acceptable to men whose emoluments are chiefly derived from a course of studied and systematic mystification—Professors, who lure the student by every possible promise to their schools, and, when once in their net, keep him there by every possible artifice and pretext which collusion and corruption can devise! one day entangling him in a web of unmeaning sophistry—another, stimulating him to waste his time and labor in splitting straws, or in magnifying hairs—now encouraging him in a butterfly chase after shadows—now engaging him in a wordy and worthless disputation with his fellows! Gentlemen, I appeal to you, if this is not the mode in which, in most cases, from four to six years of the best part of a young man's existence are passed in our medical schools—passed in the fruitless endeavor to know a profession, upon the exercise of which he is too often compelled to enter with no other pretensions to a knowledge of its principles than the trumpery certificates and diplomas for which he has been duped and deluded.

How is that student to be repaid the capital of time and money he has expended upon what he calls his education? How, but by deluding and mystifying in his turn the suffering sick who apply to him for relief. For relief?—Vain hope! Look at the numbers of persons who live, or try to live by physic,—doctors, surgeons, apothecaries, druggists, cuppers, nurses—and ask yourselves how even one tithe of these can do so, but by alternately playing upon the passions and prejudices,—the hopes, fears, and ignorance of the public? in one case inflicting visits too numerous to be necessary; in another, employing draughts, mixtures, or measures, too expensive, too frequently and too fruitlessly repeated, to be all for the benefit of the patient! Think you, that the members of the medical profession are different in their feelings from every other human being—that their minds are so constituted, that, under the most terrible temptations, they can so far set at defiance the stern law of necessity, as in their present crowded and starving state, receive with open arms a system that threatens so many of their order with ruin? Is it in the nature of things that they will welcome a practical improvement, by which the practitioner may, in a few hours, cut short cases and chances, which, by daily visitations, or by three draughts a-day, might be profitably protracted to a month, if the system on which it is based were only advocated in calm, mellifluous, and complimentary language! As soon may you expect a needy attorney to be prevailed upon by his client's tears to cut short a chancery suit; or the master of a sailing-smack to listen patiently to the praises of steam; or a coach-proprietor to admit the safety and superiority of railroad over coach conveyance, when estimating each the losses they shall respectively sustain by the too general use of the superior motive power. What, though the present condition of medical practice be less the crime of the profession, than the fault of the legislature, that permits men clothed with collegiate authority,—professors enjoying the sanction of its protection,—annually to lure, by misrepresentation and lying promises, thousands of credulous and unsuspecting youths into a path strewn, even in the very best of times, with thorns and briars innumerable? Better far that one half of these should at once abandon a walk of life, where the competition is so keen and close, that comparatively few in the present day can live honestly by means of it,—than, that they should hereafter have to eat their precarious bread, at the daily and hourly sacrifice of their own honor, and their patients' interests. Who will tell me half-measures can be of any

avail, under circumstances like these? Gentlemen, in corrupt and difficult times, half-measures, so far from succeeding, have either been taken as a sign of weakness in the cause, or as a symptom of timidity on the part of the advocate. Away then, with half-measures!—away with the idea of conciliating men, the already rotten tree of whose sustenance you sap—the long-cemented system, whose existence depends, not on a virtuous adherence to nature and truth, but upon a collusive and fraudulent perversion of both! When persons little versant with the present state of medical affairs, see men of established name supporting a system of dishonesty and error, they too often doubt the light of their own reason. “Would Dr. So-and-So,” they ask, “and Mr. Such-a-One, hold this language, if they did not themselves believe it—men so respectable, and so amiable in private life?” But tell these simpletons, that Dr. So-and-So's Bread depends upon his Belief—that Mr. Such-a-one's family would wither with his fading fortunes, if the father, in the language of Hazlitt, “ceased to support that which he had so long supported, and which supported him”—and you bring an argument which, though not quite convincing in itself, will at least compel a closer investigation of the system it is your wish to expose and crush. Gentlemen, I have been blamed for the tone and spirit in which I have spoken of my adversaries—I have been asked why assail their motives—why not keep yourself to their errors? But in this particular instance I have been only the humble imitator of a great master—a man whose name will at once call up every sentiment of veneration—the indomitable Luther. *Magnis componere parva*, I have followed in his wake—I hope soon to add *passibus æquis*. Think you, the Reformation of the Church could have progressed with the same rapidity, had its most forward champion been honey-mouthed—had his lip been all smiles, and his language all politeness—or had he been content, in pointless and unimpassioned periods, to direct attention solely to the doctrinal errors of Rome? No—he thundered, he denounced, he heaped invective upon invective, and dealt in every form of language which could tell best against his enemies, whether in exposure or attack. Too wise to leave them the moral influence of a presumed integrity, which they were far from meriting, he courageously tore away the cloak of sanctity and sincerity with which, in the eyes of the vulgar, they had been too long invested. Had he done otherwise, he might have obtained the *posthumous* praise of moderation, at the price of defeat and the stake.

Gentlemen, let it not for a moment be supposed that in thus sweepingly arrainging the present system of medical polity, I can have the remotest wish to degrade the profession of the physician. On the contrary, it has been my endeavor throughout to improve his *morale*, and to elevate his condition,—to render him a useful, honorable, and honored person,—to make him what neither the mere lawyer, nor the mere churchman can possibly be—a student of nature, and an intellectual expounder of his Maker's works; one from whose ranks kings may still, as they once did, choose their counsellors. And how can this be done but by rescuing the art of medicine from the hands of the miserable creatures who at this moment principally usurp its practice? Nor do I for an instant wish to insinuate that among the individual members of the profession, there are not numerous exceptions to the line of conduct pursued by these creatures. In every one of its grades and conditions,—apothecary, surgeon, and physician,—I have had the pleasure to meet practitioners who not only heartily join me in deploring the present shameful state of practice, but who aid me with their best efforts to expose and correct it. One and all of these honorable persons acknowledge that unless some great and speedy change in the mode of educating and remunerating medical men be introduced by the legislature, Medicine must shortly cease to be regarded in the light of a liberal profession; for as things now stand, the only sure path to lucrative popularity in physic is a complete sacrifice of conscience and principle on the part of the physician. How often have I been told, in my own case, that by courting the apothecary, and offering up incense at the false shrine of the professors, I might easily and cheaply obtain the bubble reputation, to be blown me by their breath: while by exposing the intrigues of the schools, and the collusions and corruptions of the professional world, not only do I stand as one man to a host, but I lay myself open to the secret stabs of a thousand unseen assassins. To tempters of that sort this has been my answer;—let it be yours also—

Slave! I have put my life upon a cast,
And I will stand the hazard of the die.

That hazard now, thank Heaven is small—for the daily increasing number of upright and honorable practitioners who espouse my views, place me already sufficiently far above the reach of my enemies, to enable me to despise them thoroughly; and at this moment I feel as secure of victory, as at one period of my life, I feared defeat! As yet, I have only assailed the System—carefully

avoiding individual attack. True, I have repelled the attacks of others, somewhat strongly too; but that was all in self-defence. If, in tearing away the veil of iniquity, I have not altogether remained unscathed, I have, at least, the satisfaction to know, that my enemies have done every thing but laugh at the blows I dealt them. If it be said I have used language too strong for the occasion, I answer in the words of Burke: “While ignorance and corruption have usurped the Professor's chair, and placed themselves in the seats of science and virtue, it is high time to speak out. We know that the doctrines of folly are of great use to the professors of vice.—We know that it is one of the signs of a corrupt and degenerate age, and one of the means of insuring its further corruption and degeneracy, to give lenient epithets to corruptions and crimes.” What reformer has not been called a “violent person!”—none that I ever heard of. Now, Gentlemen, to the more orthodox matter of this lecture.

We have hitherto spoken of the Brain as a unity—yet this organ is divided into two hemispheres. Like the features of the face it is two-fold. We have two eyebrows, two eyes, two nostrils, two ears, and in the early foetal state, the mouth and chin are separated in the middle—you have the marks of this original separation in the infant,—I may almost say in the adult: Now though a man may lose one eye, he is not therefore blind; or, though he lose the hearing of one ear, he is not necessarily deaf. It is just possible that a small part of one of the hemispheres of the Brain may in like manner become diseased, and the subject of it shall appear to reason very fairly to the last. But that must be a shallow observer indeed, who from such a possible fact should draw the fictitious inference that even one hemisphere of the Brain may be disorganized throughout its entire substance, without the intellectual powers being at all disturbed! If you read of such facts, set them down as false facts. The Brain then, like the body, in some of its parts is double, yet like the body in its integrity, the Brain is a unity, and like the same body it also has a diversity of parts. That the scalpel has hitherto failed to trace any well-marked divisions betwixt the various cerebral portions to which phrenologists have ascribed variety of function, is no argument against this doctrine. Do not all the different parts of the frame merge into each other—the elbow into the arm—the arm into the hand, &c.? What is more clearly a unity than the Hand?—Yet do we not frequently find from the weakness of one or more of its joints or muscles an inability

on the part of its possessor to do a particular work, though he may still accomplish many others by means of it.—It is the same thing with the head. Partial disease of the Brain produces partial intellectual injury, and you see the effects of such injury in those persons who reason rightly upon every subject but one,—monomaniacs as they are called. Oh! I want no better proof of diversity of parts in the Brain than this. Like every other organ, the Brain of man commences its fetal existence in the lowest type of the same organ of those animals that possess a brain—gradually assuming by additions and superadditions, the form of the infant Brain. In some instances, as in the case of other organs of the body, one or more of the superadditions are never properly developed. The result you can anticipate. Idiocy, according to the degree of the defect; and yet there are medical twaddlers who say the Brain is not the organ of intellect! This much I have thought it right to premise before entering upon the subject of

DYSPEPSIA, OR INDIGESTION:

for to the state of the Brain and nervous system we shall have to ascribe the disease. When treating of Pulmonary Consumption, at a former meeting, I explained to you, that no individual could possibly suffer from any complaint whatever, without his digestion being more or less implicated. The patient who labors under any severe form of disease, such as Gout, Consumption, or Erysipelas, has all the symptoms or shades of symptom, that medical men group together under the head of Indigestion; but the gravity, prominence, or locality of the superadded symptoms, which may dispose the physician to term the disease Consumption, Erysipelas, or Gout, may also dispose him to overlook, or esteem as insignificant, the co-existent errors and disorders of the digestive apparatus. In the lower and more subdued forms of Fever, the patient very often has no particular tendency to decomposition in any organ or locality, but from every function being more or less wrong, he very naturally turns his attention to his stomach or bowels, the errors of which come more particularly under the immediate cognizance of his feelings. Such a patient will complain to you of flatulence and acidity, or of that distressing symptom termed "water brash." If you ask him about his appetite, he will tell you it is "so-so," or "he craves nothing about eating," or it is positively "excellent"—which last, I need scarcely tell you, means that it is morbidly craving. Ten to one, it is capricious,—the patient now

wishing for this, and now for the other, and rejecting what he desired most, the moment it comes before him. Perhaps he has thirst. He is wearied upon the least exertion; has little inclination to get up in the morning, and when he does get up, he is indolent, and dawdles his time away. He is apathetic in mind as he is indolent in body; and he has often a great disposition to sleep, especially after meals. Others again will just be quite the reverse of all this: these perpetually harp upon some particular topic—fidget themselves and every body else about trifles, and look always at the dark side of life. Some fly in a passion for nothing, or upon the least contradiction, and in a few minutes after the gust of passion has passed away, they lament their mental weakness. Their nights are either sleepless or broken and disturbed by unpleasant dreams. One moment they dream of robbers, from whom they cannot escape; or they are on the eve of tumbling down a precipice; dreaming sometimes within a dream—asking themselves, even in the very act of dreaming, whether they dream or not—and they will satisfy themselves by a process of unreason, that they are actually awake and walk the air. Even during the day many of these patients have their dreams or reveries—pleasurable sometimes, but more often the reverse;—they see things either as if "through a glass darkly"—or their perceptions are all exaggerated and unnatural. Phantoms may even pass before them at mid-day, phantoms such as they see in their dreams of the night. The very colors of things may be altered to their eyes—red appearing to them green, and vice versa. Even the shapes and dimensions of bodies may be quite changed to their sight—though the greater number have sufficient judgment remaining, to know this to be an optical delusion merely. John Hunter had the sensation that his own body was reduced to the size of a pigmy—I have met with some patients who have even at times doubted their own existence.—Light and shade have wonderful effects upon most invalids of this class. One is perfectly miserable, except when he is in the sunshine—another cannot bear the light at all. Ringing in the ears, or partial deafness, is a common complaint of dyspeptic persons. Some can only hear distinctly during the noise of passing carriages, or in the hum of a city, or of falling waters; while others hear so acutely, that they complain of the ticking of the clock. The sense of touch is very often similarly vitiated: one patient having partial or general numbness—another, his feelings so sensitive, that he shrinks with pain if you merely touch him. Occasional-

ly, though more rarely, you have examples of a reverse kind; the patient in that case will say—"Oh, do not take your hand away the pressure does me good—it acts like magnetism.

All kinds of aches are complained of by dyspeptic patients—headache perhaps most frequently,—headache, for which, on the hypothetical assumption of fulness of blood in the brain, the leech, lancet, and cupping-glass are so frequently in requisition. But to what end? In the words of Abernethy, supposing such assumption to be correct—"Does blood-letting cure diseases in which there is a fulness of blood in the head? It must be granted, that in many instances, it temporarily alleviates them, but in others, it fails to relieve, and even aggravates them."—What are those headaches, those night and day dreams, all those various signs and sensations, but the effects of a great instability of Brain, now brought on by one thing, now by another? I have known the most severe and distressing headaches arise from loss of blood, and I have known them originate in a long fast. Surely for such diseases, the leech and the lancet are not the proper remedies. But, Gentlemen, there are many other ways by which the brain may be weakened. You may as certainly exhaust it by prolonged literary or other mental labor, as by starvation or loss of blood; for there are times to think, and times to cease thinking: and if the brain be eternally harassed by an over anxiety in any of the pursuits of life; if it be always at work on one subject, not only will there be headache or confusion of head, but the constitution must be injured. How can this organ painfully revolve again and again the occurrences of the external world, and give the proper attention to the internal economy, over which it presides? When you listen to an orator or a preacher whose discourse powerfully affects you, the brain becomes so engaged, that it cannot at the same time attend to the breathing—and you are, therefore, compelled ever and anon to draw a long breath—you must take a deep sigh, to make up for the ordinary succession of short inspirations and expirations, which constitute the natural art of breathing. Now, Gentlemen, if the function of the lungs be so easily disturbed in this way, can you doubt that the heart, stomach, bowels, and other parts, may be similarly influenced? What are the complaints of men who have much on their minds, of bankers, merchants, and great lawyers?—what the diseases of aged persons—persons whose brains become weaker and weaker by the slow but certain operation of time? Do not these patients con-

stantly complain of their stomachs and bowels? Do not many of them suffer from palpitations of the heart,—from giddiness and sensations like fainting, with a fear of falling? Now, Gentlemen, this giddy sensation, this disposition to fall, is most commonly felt upon suddenly raising the head, or in rising from a chair. What surer sign of cerebral weakness? Yet, not long since, two gentlemen each upwards of seventy, informed me, they had been bled and leeches by their respective apothecaries for this disease of pure cerebral exhaustion. Bless my life, you may bleed or purge a healthy man into this state any day!

In these diseases, one patient will tell you he is troubled by a feeling of sinking and pain of stomach, which is only relieved by eating. Another suffers from spasm, and pain of the heart or stomach, with acidity or flatulence, the moment he begins to eat; and in either of these cases the pain may sometimes become so violent, that if it did not soon go off, the patient must die. Now, this kind of spasm, whether affecting the stomach or heart, is a disease, for which you are expected to give immediate relief, and nothing will do so more readily than a glass of hot water—water as hot as the patient can possibly drink it. This point of practice we owe to John Hunter, who having frequently suffered from spasm of the stomach, tried every thing he could think of, and among others hot water. The ease which this gave him, led him to extend its use to his dyspeptic patients; and my own experience of its virtues, enables me to bear him out in the encomiums he has passed upon it. To this simple means, palpitations, spasms, head-aches, wind and acidity, will all sometimes yield as to a charm. Is not this another instance in proof, how mere change of temperature acts on the body under disease? Now, as hydrocyanic acid very frequently gives the same immediate relief in every one of these affections, we at once see that its medicinal power must depend upon the change of temperature which it electrically produces. Of the various cordials to which you may have recourse for spasmodic pain of the heart or stomach, there is none so good as noyau, and the virtue of this "strong water" depends very much upon the prussic acid it contains. Of all the remedies with which I am acquainted there is none equal to this acid, in convulsions and spasms of every kind. But spasms of the stomach and heart are not the only ones of which dyspeptic patients complain. Some are troubled with a sense of tension of the brain—others with a tightness of the throat or chest, and some, partic-

ularly females, suffer from a spasmodic affection of the gullet, which gives them a feeling as if they had a ball there. Others are subject to stitch or pain of the side, produced by cramp of the muscles of the ribs. How correctly Shakespeare described the nature of these pains, when he made Prospero say to Caliban in the *Tempest*:

For this be sure, to-night thou shalt have
Cramps,
Side-stitches, that shall pen thy breath up!

The common practice in these cases is to say, "draw your breath," and if you cannot do so for the pain, "inflammation" is the imaginary goblin of the doctor, and blood-letting in some of its forms the too ready remedy (:) to which he flies:—how vainly for the patient—how profitably for himself, truth must one day tell! To small doses of nitrate of silver, prussic acid, or quinine, such pains will often yield, after having resisted every form of depletion, with all the usual routine of blisters, black draught and blue pill to the bargain. The great error of both patient and practitioner, in dyspeptic cases, is to seize upon some of the most prominent features as the Cause of all the others. In one instance they will blame wind—in another acid. But as it happens, these, instead of being causes, are only the common and the coincident effects of a great cerebral weakness, and not the product, as many imagine, of fermentation of the food—they are morbid secretions from the lining membrane of the alimentary canal. And of this you may be assured, not only by the mode of their production, but by the manner of their cure, when that happens to be accomplished. Just watch a dyspeptic patient when he receives a sudden or unexpected visit; his "heart burn," as he calls his acidity, comes on in a moment, and his bowels commence tumbling and tossing about, and will often guggle so audibly as to make even the bystanders feel sorry for him—showing you clearly that this acidity, as well as the gases so suddenly extricated, are the effects of a weakened nervous system,—that they are, in a word, the common effects of wrong secretion. Now the term Secretion is so constantly associated in the mind of the student with the notion of a Liquid, that some of you may not all at once comprehend how gas can be secreted; but, Gentlemen, is not every tissue of the body the result of secretion?—are not the hair and the nails as certainly secreted as the saliva or the bile? Only place your naked arm for a few minutes under water, and you will find bubbles of air constantly forming upon it—such air being in that case actually

secreted before your eyes by the glandular apparatus of the skin! Can you be at any difficulty now, to conceive how flatus is a secretion from the alimentary canal? If a doubt remain, you have only to debilitate the brain of an animal by bleeding him slowly, and his bowels will become full of flatus even to bursting. Then again, as regards the cure of dyspeptic patients, a drop or two of prussic acid, twice or thrice a-day for a week, or a short course of treatment by quinine, nitrate of silver, or alternations and combinations of these medicines, will often do away for months, and even years, with every symptom of wind and acidity—while cordials, alkalis and mild laxatives, seldom do more than give a temporary relief. Oh! I never saw much good done by that placebo mode of practice—nor is this at all to be wondered at, if you reflect, that every part of the constitution of a dyspeptic patient is more or less disordered. In every case of this kind there is an unnatural temperature of body; some patients complaining to you of chills or heats, or alternations of both in the back, stomach, hands, and feet, &c. In these cases the skin, partially or generally, is either more moist than in health, or it is harsh and dry—perspiring, if at all, with difficulty. In the latter case, some other secretion may be morbidly active. The urine or the bile may be in excess; or the natural fatty or watery deposit of the great cavities of the chest and abdomen, may be in superabundance. The looker-on may even have a false impression of the patient's case and condition from the increase of either in the minute cells of the investing membrane of all the cellular substance. Should such a patient complain of being ill, he is sure to be laughed at for his pains—for nobody has any sympathy with him—and this is one of the many cases in the world, where "appearances are deceitful."

The dyspeptic patient is either torpid, and with difficulty roused to exertion, whether corporeal or mental, or he is acted upon by every thing he hears. The last person that speaks to him is the man for him. His spirits are depressed by the merest trifle, and raised again by a straw or a feather. Then, as regards his actions or his promises, you can scarcely depend upon any thing he tells you. What he is dying to do to-day, he is miserable till he can again undo to-morrow; he spends his life betwixt acting and regretting;—hesitating, hoping and fearing by turns—one moment all confidence, the next all suspicion. Now, is not this one of the strongest of many striking proofs how much our mental workings are the effects of our material state—the result of our brain's con-

dition, and its atomic relations and revolutions? It is in perfect accordance with what we observe in all our corporeal motions. If the muscles be tremulous, can you wonder that the mind should be vacillating and capricious?—or when these are cramped and spasmodic, why should you be astonished to find a corresponding wrong-headedness, and pertinacious and perverse adherence to a wrong opinion?—*mens sana in corpore sano*. You may argue for hours to no purpose whatever with some patients;—for how can you expect the wrong brains of wrong bodies to reason rightly? These persons are like the inebriated, who see two candles when there is only one—their perceptions being false, so also must be their mode of reasoning. The plunge bath, or a short course of chrono-thermal treatment will make them alter their minds sooner than the most powerful and persuasive arguments of a Cicero or Demosthenes.

Lady Mary Montague held the notion that the whole world hate more or less to be told the truth. She formed her opinion, doubtless, from observing how badly the Public had for the most part treated its best benefactors. From what I have seen of mankind myself I cannot help thinking of the ass that kicked the good-natured man, when trying to relieve it from the weight of its panniers! Never yet did I attempt to open the eyes of a person imposed upon, but he was sure to abuse me. The poet was therefore right when he said,

The pleasure surely is as great,
Of being cheated, as to cheat.

In all my experience, the more unscrupulous and unprincipled the imposter has been, the more certainly he appeared to fascinate his dupes. All he had to do was to hold out an impossibility to them, and they were sure to dance attendance at his door for months. Taking advantage of a popular but puerile prejudice against Mineral medicine, the medical charlatan is very careful to prefix the word Vegetable to his nostrum; and this, he tells the public, is *SAFE* in every form, dose, and degree—which being in utter repugnance to every thing in nature, is greedily swallowed by the multitude as an undisputable truth! Can weight, measure, heat, cold, motion, rest, be so applied to the human body with impunity? Can you without injury cover yourselves with any weight of clothes, or swallow any measure of food? Or can you retain any part of the body in perpetual motion or repose without that part suffering? No, truly! responds the same dyspeptic, who believes that such and such a medicine is safe in every form, dose and degree! When treat-

ing patients of this class, it is better not to tell them what they are taking; but should they chance to find out that you have been giving them arsenic, prussic acid, or nitrate of silver, you will be sure to be worried to death by questions, dictated sometimes by their own timidity, and sometimes by the kind feeling of some "damned good natured friend" secretly set on by some equally damned good natured apothecary. Now, as these patients are for the most part great sticklers for authority, your only course is to tell the truth—which after all, in nine cases out of ten, will make no impression—and that is the reason why the quack and the subordinate practitioner who can keep their medicines secret, have an advantage over the honorable physician—an advantage so great, that in a few years, if matters do not take a turn, I doubt if one such will be found practising medicine at all. You may say then what, if it have no effect with patients themselves, will at least appear reasonable to their friends—that the medicines you ordered are all contained in the pharmacopœia of the three Colleges of Edinburgh, London and Dublin, and that they are therefore recognized as medicines of value by all physicians who have a character to make or a name to lose—that the dose in which you give them is perfectly safe, inasmuch as, if it disagree with their particular constitutions, it will only cause a short temporary inconvenience; and to sum up all, you may quote Shakspeare, who says, and says truly "In POISON there is PHYSIC."

And again:

"Oh mickle is the powerful grace that lies,
In herbs, plants, stones and their true qualities,
Nor nought so vile that on the earth doth live,
But to the earth some special good doth give;
For aught so good but strained from that fair use,
Revolts from true birth, stumbling on abuse.
Virtue itself turns vice, being misapplied,
And vice sometime's by action dignified,
Within the infant rind of this small flower,
POISON hath residence, and MEDICINE power!"

So that Poison and Physic—whether vegetable or mineral, are either Poison or Physic according as they are wrongly or rightly applied.

But to return to Dyspepsia, or that low Fever so termed. In cases of this kind, my practice is to combine the chrono-thermal remedies with what you may call, if you please symptomatic medicines. For example, where flatulence is the most prominent symptom, I prescribe quinine, hydrocyanic acid, or nitrate of silver, with aniseed or cardemoms. In acidity, either of the two first remedies will often answer very well with soda or potash. Where the bowels are slow and torpid, rhubarb, aloes, or both are very good medicines with which to combine any of the

chrono-thermal medicines. In such cases purgative effervescent draughts are also useful. Should the patient complain of muscular or other pains, you may add colchicum or guaiac, and so proceed in a similar manner with other symptomatic remedies for other local indications; keeping in mind, however that these symptomatic medicines are merely a means of secondary importance in the treatment of a great constitutional totality of derangement. In addition to these measures plasters to the back or stomach may be very beneficially resorted to in many cases of dyspepsia, and you may also run the changes upon various kinds of baths. The cold plunge and the shower bath are my favorites, though I need not tell you that the feelings of the patient, after he comes out of it, are a better guide to you in your choice and continuance of any bath than all the theories of all the doctors that ever wrote or reasoned upon disease and its treatment.—“How do you think me now, doctor?” is a question I am asked every day, and every day I give the same answer: “How do you feel?” If the patient is better, he says so; if worse, he will be sure to tell me he is not so well: and according to his answer do I change or continue his physic. Now, whether this be common sense or not, I leave you to judge. Heaven only knows it is not science, or what very learned people call science; for when the patient says he gets worse and worse every day, science generally tells him to continue his medicine, for that he has not taken enough of it, and that he will be worse before he be better, which I need not tell you is a lie, or more politely to speak, a piece of imposture.—Should the patient die, why, then, he dies a natural death, and he has had the first advice, for not only did Mr. So-and-so, the fashionable apothecary, attend him, but Dr. Such-a-one, the great physician, was also called in and he said all was right, and that nothing better could be done. Had the doctor said all was wrong, he might perhaps have been nearer the mark—but, in that case, what apothecary would either call him in again himself, or let him in again when requested, where he could by a little gentlemanly trickery keep him out! In my own particular case, the custom of the apothecary has been *secretly* to play upon the fears of the patient or his friend against “strong medicine,” to shrug his shoulders and smile contemptuously. “Oh I can tell you something of Dr. Dickson,” he has said “but you must not give up me as the author: whereupon he has proceeded to lie Dr. Dickson’s *life away*; and when he had thus, to his *own thinking*, sufficiently poisoned the ear

of his patient, he has turned round in this manner to him—“But if you still want a second opinion, why do you not call in Dr. This, or Sir Thingummy Pother, they are leading men, you know!” Now that *only* means, that the physicians in question are the fashionable puppets whom he and all people like him, call in to conceal their bad work—men, who would as soon think of differing with the opinion of their supposed subordinates but real patrons, as of quarrelling with their breakfast, because it was purchased with the shilling of a dead man’s guinea!

What a just observation was that of the author of Lacon. “The rich patient cures the poor physician much more often than the poor physician the rich patient: and it is rather paradoxical, that the rapid recovery of the one usually depends upon the procrastinated disorder of the other. Some persons will tell you with an air of the miraculous, that they recovered although they were *given over*, when they might with more reason have said, they recovered because they were *given over*.” But in very truth “the great success of quacks in England has been altogether owing to the real quackery of the regular physicians.” What does that mean? Just this, that the morality of many legalized practitioners even of the highest grade, is not one remove above that of the Morisons and St. John Longs, whose dishonest practices they are so constantly decrying! Now, this you will say, is a startling statement, and much will doubtless depend upon the character of the person making it, whether you treat it with a laugh of contempt or listen to it with something like respectful attention. Gentlemen, the man who deliberately put that on paper, (and I quote him to the letter) was no less a person than Adam Smith, the author of the *Wealth of Nations*! If such, then, was the certain and settled conviction of that very keensighted observer of mankind, will any asseveration, any asseveration on the part of individuals interested in declaring the contrary, weigh with you one straw against the evidence of your own senses, when you choose to examine this matter fairly and fully for yourselves? So far as my own experience goes—that is, from what I have seen of the profession in London and the English country towns, eminence in medicine is less a test of talent and integrity than a just reason of suspecting the person who has attained to it, of a complete contempt for both! I say suspecting, for I have met with exceptions, but not many, to the rule. Could you only see as I have seen, the farce of a medical consultation, I think you would agree

with me, that the impersonation of Physic, like the picture of Garrick, might be best painted with comedy on one side and tragedy on the other. In saying this much, not only have I acted against everything like medical etiquette—but I shall be sure to be roundly abused by the medical profession for it. The truth, however, I maintain it to be—but not the whole truth; for the world must have its eyes a little more open before it can believe all I happen to know upon the subject. By and bye I shall tell the English people something will make their ears tingle!

To return to the consideration of Disease. You now see that in all the cases of which we have been speaking, the constitution is for the most part primarily at fault, and that the names of disorders depend very much upon the greater or less prominence of some particular symptoms—which symptoms, or their shades, may be readily detected in all diseases. With every case of Dyspepsia, depression of spirits, and more or less mental caprice, with hasty or erroneous notions upon one or more points, will be found to be associated. When such depression amounts to despondency, medical men, according to the sex of the patient, change the word DYSPEPSIA into

HYPOCHONDRIA, OR HYSTERIA :

and some professors are very particular in their directions how to distinguish the one from the other! Gentlemen, what is the meaning of Hysteria? It is a corruption of the Greek word (*Hysteria*) the *womb*; and it was a name given by the ancients to the particular symptom we are now considering, from a hypothetical idea that in such cases the womb was the principal organ at fault. From the same language we also derive Hypochondria, a compound word formed of (*Hypo*) under, and (*Chondros*) cartilage, from the supposed seat of the disease, being the liver or stomach; for both of these organs, as you know, are situated under the cartilaginous portions of the lower ribs. So that when a female suffers from low spirits and despondency, with occasional involuntary fits of laughing, crying sobbing, or shrieking, you must call her state hysteria; and when a male is similarly affected, you must say he has hypochondria. Now it so happens, that medical men sometimes pronounce even their male patients to be hysterical! And this brings me in mind of an honest Quaker of the profession, who being very ill, had three doctors to attend him—Mr. Abernethy, Dr. Blundell, and a physician whose name I now forget. Each of these had his own notion of the disease; Mr. Abernethy of course said, it was all owing to the state of the

“digestive organs.” Dr. —, being a stethoscope man, maintained that the “heart” was affected, and Dr. Blundell, in the true spirit of a man midwife, declared that their patient was only “hysterical.” Now the patient, though a Quaker, was a humourist; so he ordered in his will, that when his body should be opened after his death, his digestive organs should be presented to Mr. Abernethy, his heart to Dr. —, and to Dr. Blundell his womb, if he could find one! Gentlemen, that the brain is the principal organ implicated in all disorders, which come within the physician’s province, more especially in such as are termed hysteria or hypochondria, the smallest reflection will convince you. Suppose a person of either sex had been accidentally debilitated by loss of blood—a person who previously was strong in nerve as in muscular fibre; suppose a letter comes with a piece of bad news—the patient in that case bursts into tears, laughs and cries time about, and then sinks into a state of dismal and gloomy despondency.—And all this, forsooth, you must put down to the state of the womb or digestive apparatus, according to the sex of the patient, instead of placing it to the account of the brain and nerves, without which the ill-timed letter, the cause of all, could not, by any possibility, have affected the mind in the least! Another class of practitioners, scarcely less unreasonable than those to whom we have just alluded, will have it, that patients coming under the head of hysteria and hypochondria, are not ill at all.—“Oh! there is nothing the matter with this man:” they will say, “he is only hipped!” and if the female, “she is only hysterical.” Dr. Radcliffe, when he refused to come to Queen Anne, declared he would not stir a foot “for there was nothing the matter with her but the Vapours!” Such was the term by which the doctors of that day characterized the shifting shades of symptom now called Hysteria. Gentlemen, do I require to tell you that no man or woman suffers from melancholy, or indulges in whims and fantasies, without being positively ill. Whoever labors under mental delusion or despondency, has alternate chills and heats; and remissions and exacerbations of all the more prominent symptoms characterize the disorder in every form. The late Lord Dudley, in a letter to the Bishop of Landaff, relates his own case, and it is so like what you will daily meet in practice, that I shall give it to you in his own words:—“It is in vain,” he says, “that my reason tells me that the view I take of any unpleasant circumstances in my situation is exaggerated. Anxiety, regret for the past, apprehensive uneasiness

as to my future life, have seized upon me as their prey. I dread solitude; for society I am unfit; and every error of which I have been guilty in life stands constantly before my eyes. I am ashamed of what I feel when I recollect how much prosperity I still enjoy, but it seems as if I had been suddenly transplanted into some horrible region beyond the bounds of reason or of comfort; now and then I enjoy a few hours respite, (the remission?) but this is my general condition. It is a dismal contrast: for you will remember that I was naturally gay and cheerful." Now, although Lord Dudley recovered perfectly from this particular attack, his disease, at a later period of his life, returned; but this time he was less fortunate, for the symptoms of his disorder gradually deepened in their hue, until they amounted to the most complete

INSANITY,—

a proof to you that the hypochondriac whim, and the hysteric fancy, differ from hallucination and mania, in shade merely, and the chills and heats which precede or accompany them, from the cold and hot stages of the most intense fever, in nothing but degree. Has not the maniac, in every form of his delusion, lucid intervals—remissions? Your schoolmen, your "pathologists," your profound medical reasoners, speak of madness and other diseases, as if they were the effects of some fixed cerebral malformation, instead of being the consequences of external influences acting on an atomic instability of brain. They tell you they are curable or not, according to the CAUSE;—they look in the dead body, for the causes of an intermittent living action, for the origin of hypochondria and mania,—diseases which they have even themselves, perhaps, traced to hard study or a passion! External agencies, then, were the real causes, not the structural deviations detected within after death by the scalpel. Students of medicine! young men honorably ardent in the pursuit of knowledge, for the sake of your profession and your future patients, learn to think for yourselves. Pause, examine, weigh, before you give a slavish assent to the dicta of your teachers. When these tell you that madness with a lucid interval is an inflammatory essence, or that it depends upon some cerebral malformation or tumour, ask them how they reconcile days or even hours of sanity and sense with a cerebral structure thus partially, but permanently malformed or disorganized! That medical men, mystified from boyhood by their teachers, should fall into such errors, is not so astonishing as that the leaders in our periodical literature should be equally

unfortunate. What, for example, can be more egregiously absurd than an observation the reviewer of Lord Dudley's letters in the Quarterly Review has allowed to escape from his pen! "The gifts of fortune and intellect," says this writer, "were counterbalanced by an organic malformation of the brain." How can intellectual power even for one moment be compatible with a defective cerebral organization? How can the cause of an intermittent disease be a corporeal entity, or something permanently fixed? Let no sounding words, no senseless sophistry, cheat you of a reply to this question. The maniac who has lucid intervals is curable in the greater number of instances—the hypochondriac who at any time of the night or day enjoys the very briefest immunity from his miserable feelings, may be equally susceptible of improvement from well-devised remedial means. The modern medical treatment of both being essentially aggravant, can you wonder that these diseases should so often remain unrelieved, or that a sceptic smile should be the reward of the individual who tells you that in his hands at least they have ceased to be the opprobria of medicine! What has been the result of the Antiphlogistic treatment of insanity? Let the physicians who attended Lord Dudley in his last illness answer that question, for they spared neither lancet nor leech in his case. In the case of Lord Byron, delirium, which is only another word for mania, was actually produced by the lancet. But the better to open your eyes to the effect of such cruel treatment in this disease, I will read a short extract from a letter I received from Dr. Hume, the same staff-surgeon whose successful practice I have already had occasion to detail to you. "I lately," he thus writes, "paid a visit with our Depot Pay-master to the Armagh lunatic asylum. Being the receptacle for the insane poor of four counties, namely, Monaghan, Fermanagh, Cavan and Armagh, it generally contains about 150 inmates. Having visited the different apartments, I enquired of the manager, Mr. Jackson, the treatment pursued. His answer was: 'Although I am not a professional man, I have paid great attention to the treatment of the insane for the last five and twenty years, and the result of my observation is, that the usual practice of bleeding, leeching, cupping, &c., only aggravates the condition of the patients. Of those who were BLEED on admission I never saw one recover.' Now this is a curious fact elicited from a plain practical man of great experience, who, had he known I belonged to the medical profession, might not perhaps have been so candid in his remarks." Dr. Conolly, in his

Report of the Hanwell Lunatic Asylum, is obliged to admit that great numbers die shortly after their admission into that establishment. The large abstraction of blood which he so lauds in his work on Insanity, will easily account for the unsuccessful termination of his cases.

Well then, Gentlemen, Hysteria, Hypochondria, Mania, are merely modifications, or developments of chronic or habitual low Fever. And since I commenced to treat them as such, I have had a practical success and a mental satisfaction, that contrast somewhat strongly with the poor opinion I entertained of the resources of our art, and the vexation I experienced when first entering upon my professional career. This much you should know, however, that in all such disorders you will be obliged to change your remedies frequently—for in chronic disease what will often succeed to admiration one day, may as often have an opposite effect the next; and this is strictly in accordance with what you find in every thing in life. The toy that will stop the cry of the weeping child to-day, may make it cry more loudly to-morrow. You must, in that case, change its rattle for some other gew-gaw; and so it is in the diseases we have been now considering—diseases where the temperament of the body, like the temper of the mind, is constantly varying. The great secret of managing chronic diseases properly then, consists in the frequent change and right adjustment of the chrono-thermal and other remedies, to particular cases;—and this also explains the good effect of Traveling upon many of these patients, for to the constantly shifting scenes and to the frequent repetition of novel cerebral excitement produced by these scenes, we must ascribe the chief advantages of such a course; clearly proving that the Brain in this instance, as in every other, is the true key to all good medical treatment. Whatever then, be the name by which you choose to designate your patient's complaint, you will be sure to meet with nothing but disappointment, if you pin your faith exclusively to any one medicine. To-day a mild emetic will give relief—temporary only if you do not follow it up to-morrow, with iron, opium, musk, quinine, or the bath. One week arsenic will be a divine remedy; the next, having lost its power, you may dismiss it for prussic acid, valerian, creosote, strychnine, or silver. In regard to silver, the nitrate is the preparation which I am in the habit of using, and an admirable medicine it is, when properly managed. Boerhaave, the greatest physician that ever lived, speaks in raptures of its remedial powers in "nervous complaints." Cullen, Pit-

cairn, every medical man but the most ill-educated apothecary or the equally ill-educated puppet who enjoys, at the mercy of his breath, the reputation of being *par excellence* a physician, will readily bear testimony to its safety and value as a medicine. Like every good thing, however, the nitrate of silver has been abused in practice, and in some half-dozen instances it has been pushed to so great an extent as to give the patient a permanent blueness of skin for life; but, Gentlemen, in these cases, the practitioners who employed it committed the double error of giving it too long and in too great quantities, and that people should entertain a prejudice against it on that score, is just as reasonable as that a man should be afraid to warm himself when cold, because his next-door neighbor had burnt his fingers. For myself, I can truly say, that though I have prescribed the nitrate of silver in some THOUSAND cases, I never had the misfortune to give the slightest tinge to the skin of a single individual. But should objections to the use of this medicine still continue to be urged, after a proper explanation on your part, you may be pretty sure that some ignorant or interested rival has been secretly playing upon the timidity of your patient or his friends. In that case you are less to be pitied than the patient; for if you have no remedy for raciality, he may have no relief for his suffering. So much then for one of many annoyances every practitioner must experience when his patient happens to be

—— "the tool

That KNIVES do work with, called a FOOL."

But, Gentlemen, we must not suppose that medicine is the only profession where able and honorable men experience such annoyances. Doctors of divinity, and doctors of law, are equally obnoxious to intrigue and prejudice,—aye, and State doctors too, as Dr. Peel and Dr. Melbourne, could tell you if you would ask them. To return. The shifting shades of mental distress, and the various vagaries and wrong thoughts—to say nothing of wrong actions—of persons whose diseases come under the head we have just been considering, are so many and so multifarious, that to attempt to describe them all would be a mere waste of time and labor—inasmuch as however greatly they may appear to differ from each other in shape and hue, they all depend upon a similar totality of corporeal infirmity, and yield, when they yield at all, to one and the same system of corporeal treatment. A few instances in proof, may suffice to show you this:—

Case 1.—A married lady consulted me under the following circumstances:—Every se-

cond day, about the same hour, she had an unconquerable wish to kill her children, and when she happened to look at a knife, her terror, lest she should do so, was extreme. Now, as every function of this lady's frame was more or less wrong, I prescribed for her quinine with sulphuric acid. From that day she had no return of the homicidal feeling.

Case 2.—A gentleman, every second day, took a fit of suspicion and jealousy of his wife, without the slightest cause whatever, as he confessed to me, on the day of remission, when he called to consult me; and however absurd and unreasonable the idea which haunted him, he found it impossible to drive it from his mind. Prussic acid and the plunge bath cured him completely.

Case 3.—Another gentleman, after a hard contest at the university for prize honours, suddenly became moody and sullen; lost his flesh and appetite, and fancied himself Judas Iscariot. Such was his belief one day—to be laughed at even by himself the next! I saw him six times, at the end of which he was perfectly cured by chrono-thermal treatment. Two years afterwards his sister consulted me for "nervousness," when I learnt that her brother had not had the slightest symptom of return.

Whoever, in his progress through life, takes the trouble to study individual character, must be struck by the perversities, inconsistencies, and other *bizarries* of the human mind. Many people, for example, commit follies, faults, and crimes even involuntarily and without any apparent object. Some of you may possibly remember the case of Moscati, a person singularly gifted with talent, but who, at the same time, had such an invincible disposition to *lie*, that nobody would believe him, even when by accident he spoke the truth. A lady, who was once a patient of mine, told me that every time she became pregnant she caught herself frequently telling lies, for no end or purpose whatever. I knew a gentleman, with high feelings of honor, who was occasionally in the habit, when under the influence of wine, of pocketing the silver forks and spoons within his reach; you can easily imagine his distress of mind the next day, when he packed up the articles to return them to their owners. From these cases you now see how much the *morale* of every one must depend upon his *physique*; for if I know any thing in the world, I know that attention to corporeal temperature will be found of more avail in mending the morals of some individuals than a well-written homily.

How many pretty things have been said for and against the morality of Suicide! I wish it were always in a person's power to

abstain from it. But that the disposition to commit it may, like many other bad dispositions, be cured by medicine, I could give you a great many proofs. However, as our time will not now permit me to enter into these subjects so fully as I could wish, I shall content myself with reading to you part of a letter I some time ago received from Dr. Selwyn, formerly of Ledbury, now of Cheltenham. Speaking of Mr. Samuel Averill, of the Plough Inn, Dynock, Gloucestershire, Dr. Selwyn says: "Before he came to me, he had consulted Mr. —, of Ledbury, and other medical men, to no good purpose, as you can easily understand when I tell you they principally went over the old routine of cupping, purging, &c. Mr. Averill's symptoms were depression of spirits to crying—thoughts of suicide, fears of becoming a lunatic, sleepless nights, and, generally speaking, the greatest possible state of mental wretchedness. He passed immense quantities of urine, as pale and pellucid as the water from the pump. Finding no particular organ in a worse state than another, I thought this a good case for your doctrines; and accordingly I rang the changes on the nitrate of silver, strychnine, musk, prussic acid, creosote, iron, quinine, and opium—varying and combining these according to circumstances with valerian, hartshorn, blue pill, &c. In a fortnight you would have been astonished at the improvement effected upon him. In about six weeks more he had no complaint, and he was with me about a month ago, when I considered his cure complete. I have treated a great many cases of Dyspepsia successfully, by attending to the intermittent principle, and I had lately a case of Tic Douloureux, which, after having been under the successive treatment of several eminent practitioners with no perceptible improvement, yielded to the chrono-thermal remedies. The subject of it, Miss T—, was formerly a patient of your own for some other complaint. I still hold that, in chronic diseases, by keeping your principles in view, we have a great help in many of these anomalous cases, which I would defy a nosologist or pathologist to name or classify; and as I am still consulted in such cases, I do not, I assure you, lose sight of them. Often, indeed, when I should, under the scholastic system, have been completely puzzled what to do, I now proceed at once to act upon the intermittent principle, and I have every reason to be satisfied with my success. Believe me, yours faithfully,

CONGREVE SELWYN."

Gentlemen, that the numerous diseases which medical men group together under the head of Dyspepsia, Hysteria, and Hypo-

chondria, are caused by circumstances from without, acting upon an atomic instability of brain within, might be proved by an affinity of facts. But this instability may be produced or rather put in action by different influences in different individuals—one patient being only susceptible to one agent, while another may be acted upon literally by every wind that blows.

General O'Hara, when he commanded the troops on the Mediterranean, was so sensible of the Levant wind, that before he rose in the morning, he knew if it had set in, by the effect it had on his temper; and during its continuance he suffered from a moroseness and irritability no effort on his part could conquer; by his own desire his servants kept out of his way on these occasions. The different effects of the winds on the human system, Shakespeare well knew when he made Hamlet say,

———"I am only mad *north, north-west*,
When the wind is southerly I know a hawk
from a handsaw."

And in confirmation of Shakespeare's truthfulness to nature in this as in most of his other observations, Sir Woodbine Parish, in his publication upon Buenos Ayres, tells us that "not many years back, a man named Garcia was executed for murder. He was a person of some education, esteemed by those who knew him, and, in general, rather remarkable than otherwise for the civility and amenity of his manners. His countenance was open and handsome, and his disposition frank and generous; but when the *north wind* set in, he appeared to lose all command of himself, and such was his extreme irritability, that during its continuance, he could hardly speak to any one in the street without quarrelling. In a conversation with my informant, a few hours before his execution, he admitted that it was the third murder he had been guilty of, besides having been engaged in more than twenty fights with knives, in which he had both given and received many serious wounds, but he observed that it was the *north wind*, not *he* that shed all this blood. When he rose from his bed in the morning, he said, he was at once aware of its accursed influence upon him:—a dull headache first, and then a feeling of impatience at every thing about him, would cause him to take umbrage, even at the members of his own family, on the most trivial occurrence. If he went abroad, his headache generally became worse, a heavy weight seemed to hang over his temples—he saw objects, as it were, through a cloud, and was hardly conscious where he went. Such was the account the wretched man gave of him-

self, and it was corroborated afterwards by his relations, who added, that no sconer had the cause of his excitement passed away, than he would deplore his weakness, and he never rested till he had sought out, and made his peace with those whom he had hurt or offended." The same difference of effect upon individuals may take place from any of the common articles of diet. Dr. Millengen in his *Curiosities of Medical Experience*, tells us he knew a person who could never indulge in tea without experiencing a disposition to commit suicide, and nothing could arouse him from this state of morbid excitement but the pleasure of destroying something—books, papers, or any thing within his reach. Under no other circumstance than this influence of tea were these fearful alterations observed." Coffee effects many people with fever. But if coffee, tea and other things so apparently trifling sometimes set up severe disorder—things equally trifling will sometimes cure it, indeed there is nothing, perhaps, in the whole history of disease more curious than the readiness with which the paroxysm of many complaints will occasionally yield to measures so simple and so apparently powerless in themselves, that it might almost seem puerile to suggest their application. Who, for example, could, *a priori* suppose it possible to stop a fit of mania with a thread? or who would be believed, were they to tell a person that had never heard the like before, that aches and agues had been cured with a song?—Yet in sober truth, such things have been actually done!

EFFECT OF LIGATURES.

Of the power of mere words over the morbid motions of the body, we shall afterwards have occasion to speak. Of the efficacy of a thread or ribbon in arresting the maniacal paroxysm, I shall now give you a striking example. "Mr. R., a chemist, naturally of a gentle disposition, voluntarily claimed admission to a madhouse in the Faubourg St. Antoine, on account of a desire to commit homicide, with which he was tormented. He threw himself at the foot of the altar, and supplicated the Almighty to deliver him from the horrible propensity. Of the origin of his disease he could say nothing; but when he felt the *accession* of the fatal desire, he was in the habit of running to the Chief of the Establishment, and requesting to have his thumbs tied together with a ribbon. However slight the ligature, it sufficed to calm the unhappy R—; though in the end, he made a desperate attempt upon one of his keepers, and perished, at last, in a paroxysm of fury."—[*Annales d'Hygiène*

Publique, et de Medecine Legale.] Now, every man of any information in the profession, knows that the application of a ligature to the arm or leg will frequently stop the commencing ague-fit. Dr. Davis, in his account of the Walcheren ague, tells us that he very often arrested it merely by grasping the leg or arm strongly with his hand. Putting aside, then, all consideration of the remittent nature of the case of homicidal mania I have just read, all consideration of the thermal and other changes which usher in the fit of every maniacal case, you could not fail to find, in the very simple measure which may equally succeed in preventing or arresting the fit of mania and ague, a new bond of connection with which to associate ague and mania together in the same category. But, Gentlemen, these are not the only complaints in which the ligature may be thus advantageously employed. In epilepsy, asthma, and other convulsive affections, I have often obtained the same salutary result by its application. Not very long ago, I happened to be in the room of a medical man, when he was unexpectedly seized with severe cramp in his back and loins. Observing him to become pale and shiver all over, I caught him suddenly by the arm and opposite leg. "My God!" he exclaimed, "I am relieved." And his astonishment was extreme; for immediately afterwards he became warm and comfortable, though for several days previously he had been suffering from cold feet and general malaise. Mania, epilepsy, asthma, cramp, ague, then, completely establish their fraternal relationship by means of the ligature; for had we no other facts, no other bond of association than that which the ligature furnishes us, we should still be led to the irresistible conclusion, that those particular diseases, at least, amid all their apparent diversity, have yet some principle in common which determines their unity. When I come to explain to you the manner in which the ligature acts, you will find that the connecting link of the whole is the Brain. They are all the result of a weak and exhausted state of that organ; but not produced, as the late Dr. Mackintosh of Edinburgh supposed by any Congestion or fulness of its blood-vessels. That, you know, was his doctrine of the cause of ague;—and as he was a very eloquent man, and a very pleasant and gentleman-like person to boot, he made many proselytes to his opinion, not only among his own pupils, who were very numerous, but also among the profession generally. To prove his hypothesis, or dream rather, he was in the habit, first of detailing the "*congestion*," found on dissection of the heads of persons who had died of the cold stage of

ague, and then he appealed to the relief which very often followed the practice of bleeding at the commencement of that stage. "Behold the fact," he would say; "behold how the shiverings cease the very moment you open the vein—what can be a more triumphant answer to the opponents of the lancet!" But mark the fallacy of that fact—mark how the too-confident doctor was deceived by his own practice. The relief of which he boasted, for the most part temporary only—instead of being produced by the very trifling quantity of blood which flowed before such relief was obtained, was in reality nothing more than the effect of the ligature by which the arm was necessarily bandaged for the operation! The late Dr. Parr tells us, that when called to a patient in the fit of asthma, he was in the habit of tying up the arm as if he intended to bleed, but that though he never did more than scratch the skin with his lancet, the fit was at once arrested. But Gentlemen, ague, asthma, epilepsy, nay, every one of the non-contagious diseases to which man is liable, have all been produced by loss of blood. In that case, at least, they must have been diseases of exhaustion, the effects in a word, of diminished cerebral power. But when we come to consider that, in every instance in which the causes of the diseases now under consideration have been known, the Brain has been suddenly and primarily affected—as in the case of a blow, a poison, a purge, a passion, we can be at no loss in forming an opinion as to the real nature of these diseases—they are all the effect of cerebral weakness, and have all more or less analogy to faint. Faint, in fact, may be the premonitory symptom of them all; and the Walcheren ague in particular, generally began with a fainting fit, which faint was sometimes so alarming as to cause the greatest possible anxiety in the minds of the attendants for the immediate result. Now, what is the condition of the body you call

FAINT?

Is it not a state very like death! A person from his brain all at once ceasing to act, becomes instantly pale and pulseless;—the blood, having thus suddenly left the arteries and external vessels of the body, must go somewhere else. Had we never dissected a person who had died of faint, we should naturally expect it to settle in the internal veins, and there accordingly, when we do dissect the bodies of such persons, we do find the greater part of the blood. Now, this was what first misled Dr. Mackintosh. On opening the heads of subjects who had died in the cold fit of ague, he almost inva-

riably found the veins of the brain gorged with blood. This constant Effect of every kind of exhaustion he at once presumed was the Cause of such exhaustion. Gentlemen, he did not know that the very same internal vascular fulness may be seen on opening the bodies of those who died of loss of blood! To prove, however, what I say,—to demonstrate to you that this

CONGESTION,—

this bug-bear of medical quidnuncs—instead of being the invariable cause, is in reality the invariable effect of sudden exhaustion, I shall now read to you one of several experiments in which Dr. Seeds bled healthy dogs to death. The editor of the Medical Gazette will pardon me for reading it from his pages; but as my facts have been sometimes said to be “selected facts,” I have at least this answer in store, that, in the greater number of instances, they have been selected from the writings of my opponents.

“All the larger veins of the legs,” Dr. Seeds tells us, “were opened in a small Dog. At first the pulse was accelerated—soon after it became slow and languid. The heart’s motions though feeble, were never irregular; and indeed, long before death, they could neither be seen nor felt. *Borborygmi* [flatulent gurglings] were early heard and lasted a long time. The breathing at first was hurried; soon it became slow and laborious, and at last convulsive. The pupils were frequently examined: they became gradually less and less obedient to the influence of light, and at length ceased to contract altogether. [That is, they became dilated.] Slight spasmodic contractions took place, first in the femoral and abdominal muscles: then the head, neck, and fore-legs, were likewise powerfully affected with spasms, [or convulsions.] At this time a deep sleep seized the animal: he breathed slowly and with difficulty, and, for a little time before death, respiration at intervals was suspended altogether. [All the symptoms of apoplexy!] Whenever the breathing was strong and quick, the pupils recovered their tone, and the blood was more strongly propelled. In an hour death closed the scene.” Now for the dissection:—“The Dissection of the Head was first begun. The membranes of the Brain were loaded with turgid vessels, the larger of which were of a very dark color. A bright red spot was observed near the cornua, where some degree of sanguineous effusion had taken place. The sinuses were full of blood. In all the ventricles there was more or less water effused: the base of the brain, and the eighth and ninth pairs of nerves, were inun-

dated with water. A net-work of red vessels was spread round their origins, and the optics were in the same state. In the cervical and lumbar regions of the spinal marrow there was a considerable degree of redness. The right side of the heart was full of blood; the left auricle contained a little. Some blood was found in the large veins, and a few clots in the thoracic aorta. The stomach, and all the intestines were tumid with flatus; the veins of the mesentary were turgid. The turgid state of the veins of the head was very remarkable: indeed, throughout the whole body the veins were tumid.”

Now, Gentlemen, if anything in this world could open the eyes of “pathological” professors,—if facts or reasoning of any kind could possibly move those mechanical minded persons, who plan their treatment of living men from what they see on dissecting dead bodies,—this and similar experiments ought surely to do so. For here you not only find dilated pupil, convulsions, deep sleep, slow and difficult breathing, with other apoplectic symptoms, the effect of literally bleeding a healthy animal to death; but, to complete the deception of such as constantly ascribe these phenomena to pressure on the brain, the cerebral and other veins of the same animal were found after death loaded and congested with blood throughout! Nay, in addition there was water on the Brain, with “some degree of sanguineous effusion” even.*

Not long ago, I was shocked with the details of an inquest which took place “before the coroner for Middlesex, Mr. Wakley who is also the editor of the lancet. The inquest, according to the report in that paper was held on the body of a man, who, in the act of disputing with his master about his wages, “turned suddenly pale, and fell speechless and insensible for a time, breathing heavily until his neckerchief was loosed. In falling, his head struck the edge of a door and received a deep wound three inches long, from which blood flowed enough to soak through a thick mat on the floor.” Before being taken from his master’s shop to his own house, he recovered sufficiently to complain of pain of his head, and this fact I beg you will particularly mark. His wife immediately sent for “a doctor:” and what do you think was the first thing the doctor did,—what can you possibly imagine was the treatment which this wise man of Gotham put in practice the moment he was called

* We constantly hear of children dying of “Water on the Brain.” I scruple not to declare, that in ninety-nine of every hundred of such cases, the water in the Brain is produced by the lancet or leeches of the doctor.

to a person who had fallen down in a faint, and who, from injury occasioned by the fall, had lost blood "enough to soak through a thick mat?" Why, to bleed him again! And what do you think was the quantity of blood he took from him? More than three pints! The landlady of the house,—and she was corroborated by other witnesses,—swore that "she thought that about three and a fifth pints of blood was taken besides what was spilt on the floor. The bleeding, she calculated, occupied twenty minutes. The bandage also got loose in bed, and some blood, not much, was lost there before its escape was discovered. He had convulsions on Saturday, after which he lay nearly still, occasionally moving his head. On Sunday he was more exhausted and quiet; in the evening he was still feebler, and on Monday afternoon, at ten minutes to one, without having once recovered his sensibility to surrounding objects, he died." Remember, Gentlemen, he did recover his sensibility after he left his master's shop, and only lost it again on repeated bleeding. And how could he possibly survive such repeated bleeding! That he died from loss of blood, was the opinion of every person who heard the evidence, till the Coroner, luckily for "the doctor," had the corse opened. Then sure enough, just as in the case of the dog that was bled to death, the internal veins were found to be turgid and congested throughout. Deceived by this very constant result of any great and sudden loss of blood, Mr. Wakley and the jury were now convinced, not that the man had been bled to death but that he had not been bled enough! One of the strongest proofs of bad treatment was thus received as evidence of the best possible treatment under the circumstances, and a verdict pronounced accordingly! That an ignorant coroner and an ignorant jury should be imposed upon in this manner, were nothing very wonderful; but that the Editor of the *Lancet*, who publishes the case, and who from his position knows every thing going on at the present time in the medical world, should in his capacity of coroner pass over, without a word of reprobation, a mode of practice no conceivable circumstance could justify, only shows the lamentable state of darkness in which the profession are at this very moment on every thing connected with the proper treatment of disease! When St. John Long, or any other unlicensed quack, by an over dose, or awkward use of some of our common remedies, chances to kill only one out of some hundreds of his dupes, he is immediately hunted to death by the whole faculty; but when a member of the profession at one bleeding takes more blood by

three times than is taken on any occasion by practitioners who kill their man every day with the lancet; not from a strong powerful man, but from a person so weakly that during the excitement of a trifling dispute with his master, he fainted and fell, and in falling had already lost blood enough to soak through a thick mat; not a word of blame is said! On the contrary it was all right, or if there was any error, it was on the safe side! If such things be permitted to be done in the heart of the metropolis, not only without censure, but with something like praise even, homicide may henceforth cease to be looked upon as a reproachable act.—The only thing required of the perpetrator is, that he should do it under the sanction of a diploma and *secundum artem*!

But, Gentlemen, to return to Ague, and the other morbid motions which lead to this digression. Some of you may be curious to know how so simple a thing as the Ligature can produce such a salutary effect in these disorders. I will tell you how it does this, and the explanation I offer, if received as just, will afford you an additional proof not only that these diseases have all their common origin in the BRAIN; but that they are all the natural consequences of an arrest or other irregularity of the ATOMIC MOVEMENTS of the different portions of that organ; for to the diversity of the cerebral parts, and the diversity of the parts of the body which they respectively influence, we ascribe the apparent difference of these diseases, according to the particular portion of the brain that shall be most affected by some outward agency. Thus, after a blow on the HEAD, or elbow even, one man shall become sick, and vomit, another fall into convulsions, a third shiver, fever, grow delirious, and become mentally insane. In all these diseases the atomic movements of the brain being no longer in healthy and harmonious action, the natural control which it exercised in health over every part of the body, must be then more or less withdrawn from the various nerves through which it influenced the entire economy. The consequence of all this is, that some organs are at once placed in a state of torpidity, while others act in a manner alike destructive to themselves, and the other parts of the body with which they are most nearly associated in function. We find palsy of one organ, and spasm or palpitation of another. In fact, if I may be permitted to use so bold a simile, the various organs of the body, when beyond the control of the Brain, resemble so many race-horses that have escaped from the control of their riders—one stands still altogether, another moves forward in the right course perhaps,

but with vacillating and uncertain step, while a third endangers itself and every thing near it, by the rapidity or eccentricity of its movements. When the atoms of the various parts of the Brain, on the contrary, act in harmony with each other, there is an equally harmonious action of every organ of the body—supposing of course, every organ to be perfect in its construction. Whatever suddenly arrests or puts into irregular motion the whole cerebral actions, must with equal celerity influence the previous motive condition of every member and matter of the body—for evil in one case, for good in another. Were you suddenly and without any explanation to put a ligature round the arm of a healthy person, you would to a dead certainty excite his alarm or surprise. Now as both of these are the effects of novel cerebral movements, should you not thereby influence in a novel manner every part of his economy? How should you expect to influence it? Would not most men in these circumstances, tremble or show some kind of muscular agitation?—their hearts would probably palpitate—they would change color, becoming pale and red by turns, according as the brain alternately lost and recovered its controlling power over the vascular apparatus. If the alarm was very great, the pallor and tremor would be proportionally long. But in the case of a person already trembling and pale from another cause, the very natural effect of suddenly tying a ligature round the arm would be a reverse effect—for if the cerebral motive condition should be thereby changed at all, it could only be by a reverse movement; and such reverse cerebral movement would have the effect of reversing every previously existing movement of the body. The face that before was pale, would now become redder and more life-like; the trembling and spasmodic muscles would recover their tone; the heart's palpitations would become subdued into healthy beats; and a corresponding improvement would take place in every other organ and function of the body. The ligature, then, when its application is successful, acts like every other remedial agency; and a proper knowledge of its mode of action affords us an excellent clue to the mode of action of medicinal substances generally—all of which, as you have already seen, and I shall still further show, are, like the ligature, capable of producing and curing the various morbid motions for which we respectively direct their administration. It is in this manner that every one of the various passions may cause or cure every disease you can name—always excepting, as I have said before, the properly contagious disorders. The Brain, Gentlemen, is the principal organ to

which, in most cases, you should direct your remedial means. When a person faints and falls, whatever be the cause of such faint—a blow, a purge, or loss of blood—the first thing to be done is, to rouse the brain. You must throw cold water on his face, put harts-horn, snuff, or burnt feathers to his nose, and a little brandy, if you can get it, into his mouth. You may also slap or shake him strongly with your hand—if you can only make him feel, you will be almost sure to recal him to life; but to think of BLEEDING a person in such a state—ha! ha! After all, this is no laughing matter; for when we see such things done in the nineteenth century, we should rather blush for a profession that would endeavour to screen any of its members from the contempt they merit, when they have so far outraged everything like decency and common sense. The proper treatment of a fit of fainting or convulsion, should be in principle the same as you may have seen practised by any well-informed midwife, in the case of children that are still-born—children all but dead. You may have seen the good lady place the child on her knee and beat it smartly and repeatedly with her open hand on the hips and shoulders, or suddenly plunge it into cold water: now while this is doing, the infant will often give a gasp or two and then cry—that is all the midwife wants. And if you will only follow her example in the case of

INFANTILE CONVULSIONS,—

which, after all, are the very same thing as Epileptic fits in the adult,—you will often succeed in substituting a fit of crying, which I need hardly say, is attended with no danger at all, for a spasmodic fit, which, under the routine treatment, is never free from it. Only get the child to cry, and you need not trouble yourself more about it,—for no human creature can possibly weep and have a convulsion fit of the epileptic or fainting kind at the same moment. Convulsive sobbing is a phenomenon perfectly incompatible with these movements—for it depends upon a reverse action in the atoms of the brain. The only thing which may prevent some of you from doing your duty on such occasions, is the fear of offering an ignorant nurse or mother, who will think you a monster of cruelty for treating an infant so. Gentlemen, these persons do not know how difficult it is to get a child in convulsions to feel at all;—and in proof of this, I may tell you, that such slaps as in a perfectly healthy child would be followed by marks that should last a week, in cases of this description leave no mark whatever after the paroxysm has ceased. During the fit, the child is so perfectly insensible as to be

literally all but half dead. Now this brings to my mind a case of infantile convulsions, in which I was gravely requested to meet an old woman in consultation—a nurse or midwife, I forget which, who being much with children, must necessarily be wonderfully clever in the cure of their diseases. You smile, doubtless, that I should be asked to do any thing of the kind; but it was in the case of the child of a relative; and relatives, you know, sometimes take strange liberties with each other. Still it was not altogether to tell you this, that I reverted to the case in question—it was, on the contrary, to show you what a wise person she proved, the female doctor who, on this occasion, was proposed for my coadjutor. On being asked by the mother what should be done in the case of a return of the convulsion fits, the old lady answered, “Oh madam, you must let the child be very quiet and not disturb it by noises or any thing of that sort!”—which sapient advice I have no doubt was found one of the best antidotes in the world to a state in which, if you were to roar till your lungs cracked, you could not by any possibility make the subject of it hear at all.

What is the present routine treatment of an infant taken with convulsion fits? That I can scarcely tell you; but when I settled in London, some four years ago, the Court doctors, who, of course, give the tone to the profession in the country, had no hesitation in applying all at once the Eight lancets of the cupping instrument behind the ear of infants under six months old,—and that, in some cases, repeatedly! In addition, they were in the habit of leeching, purging, and parboiling the poor little creatures in warm baths! If mothers will really suffer their children to be treated in this manner, surely they only deserve to lose them. The strongest and healthiest child in existence, far less a sick one, could scarcely survive the routine practice. But whether you believe me or not, there is nothing more true than what the Duke says in the play of *The Honey-moon*, such fits are

———seldom mortal,
Save when the doctor's sent for.

In the case of adult epilepsy, especially at the commencement of the fit, a very little thing will often at once produce a counter movement of the brain sufficiently strong to influence the body in a manner incompatible with its further continuance. The application of so simple a means as the ligature may then very often do this at once; but, like every other remedy frequently resorted to, it will be sure to lose its good effect when the patient has become accustomed to it; for in this and

similar cases, every thing depends upon the suddenness and unexpectedness of the particular measure put in practice whether your influence the brain of a patient in a novel manner or not. The sudden cry of “fire” or “murder,” nay, the unexpected singing of some old song, in a situation, or under circumstances which surprised the person who heard it, has charmed away a paroxysm of the severest pain. In the army, the unexpected order for a march or a battle will often empty an hospital. The mental excitement thereby produced, has cured diseases which had baffled all the efforts of the most experienced medical officers. In the words of Shakspeare, then, you may positively and literally

Fetter strong madness with asilken thread;
Cure ache with *air*, and agony with *words*!

Suggestions relative to the cause of sleep.

By WILLIAM SMITH, Esq. Surgeon, Clifton.

Sleep appears to depend on a retardation of the circulation through the brain, thereby producing a venous condition of the blood in that organ, and this diminished or retarded circulation may probably depend on a periodic exhaustion of the propelling powers of the heart. The proofs of the first portion of this proposition are many, and I think satisfactory.

First. Venous congestion of the brain, from any obstacle to the return of the blood will produce drowsiness, stupor, coma, and finally, apoplexy, if its intensity be sufficiently great.

Second. In sleep, respiration and circulation are performed more slowly than in the waking condition: hence a change in the blood of the brain does not occur so frequently.

Third. Animal heat, and its causes, respiration and circulation, are feeble in hibernating animals during their winter sleep.

Fourth. The adult, in whom the respiratory and circulating systems are at the maximum of developement, takes less sleep than the infant, in whom the nutritive or glandular system is in full activity, but in whom the respiratory functions are at their minimum.

Fifth. Motion, with its tendency to increase circulation and respiration, prevents sleep.

Sixth. Hence an easy and quiet position of the body, and all the means which tend to favor a tranquil circulation, are incentives to sleep.

Seventh. Hence the whole class of seda

tive remedies eventually produce slowness of the heart's action after a longer or shorter stage of stimulation.

Eighth. Hence the desire of sleep after exercise, as the circulation becomes so much slower after, in proportion to its acceleration during it.

Ninth. From the same cause, wine and all stimulants act primarily as excitants; and when their stimulation has subsided, the circulation becomes slow, slightly oppressed, and drowsiness supervenes.

Tenth. The same may be said of the warm bath, the pulse at first rising, and subsequently becoming retarded.

Eleventh. Cold, applied to the head, rapidly lessens the circulation, and tranquil sleep is sometimes produced by this means in fierce delirium, and in violent paroxysms of insanity.

Twelfth. Motion is employed as a remedial means in obviating the effects of opium. We walk the patient about, and so keep the circulation excited, till the poison is got rid of, or its effects shall have passed off.

Thirteenth. Intense cold produces slow and retarded circulation, drowsiness, and coma. Hence the necessity not to allow persons exposed to its influence to cease from exercise, which supplies the necessary stimulation to the circulation. A celebrated surgeon, in describing the disastrous retreat from Moscow, says "those who sat down went to sleep, and those who slept, awoke no more."

Fourteenth. Hence the amount of fat animal food which is not only eaten with impunity by those who are exposed to great cold, but is found to be absolutely essential to maintain the proper amount of circulation.

Fifteenth. We have sneezing and yawning as important illustrations of the effect of an accelerated circulation in preventing sleep. The sneeze is a forcible expiration, after which a deep breath is taken in: this of course, produces arterialization and subsequent circulation of the blood. Yawning is a prolonged and deep inspiration, and in the same manner has the effect, for a time, of keeping up the attention, by furnishing to the brain a fresh amount of arterialized blood.

Sixteenth. Immersion in an atmosphere of carbonic acid, or in an atmosphere which contains a large proportion of it, will produce drowsiness, coma, and the sleep of death.

Seventeenth. Breathing oxygen gas, on the contrary, will produce acceleration of the pulse, and all the vital functions, and eventually delirium.

Eighteenth. In delirium, whether attend-

ed with symptoms of power or debility, whether of the sthenic or asthenic type, we have an accelerated pulse. In the former case, as we lessen the excitement by depleting measures, and in the latter, or true delirium tremens, as we obtain the same end by the use of narcotics, sleep gradually steals on the patient, and delirium ceases.—In fact, our grand object is to lessen the rapidity of the circulation through the brain, and thus induce sleep.

I trust that these very imperfect remarks may call the attention of the readers of *THE LANCET* to this most interesting subject, and tend to elicit more observations on a point which, being closely connected with health and disease, is peculiarly worthy of investigation. *Lancet.*

SURGICAL DISEASES.

DR. ALFRED AUGUSTUS HARVEY, M.R.C.S.E., and formerly surgeon in the Hon. East India Company's Service, has forwarded to us for publication, the following account of the mode of procuring a radical cure for HYDROCELE, without injection, employed by him, at intervals, for thirty years, successfully:—First, discharge the fluid with a trocar, or pocket lancet, and then apply a warm vinegar poultice all over the scrotum, in order to bring on inflammation, which generally takes place in a few hours, and becomes painful. When sufficient inflammation has been excited, remove the vinegar poultice, and apply a bread-and-milk poultice. In a short time, the pain and inflammation generally subside, and the cure is completed. Give a few smart doses of purgative medicine. Dr. Harvey adds the subjoined:

"CURE FOR ENCYSTED TUMOURS,—OR Wens of the Head, or other parts of the body, without cutting them out." First, make a longitudinal cut along the scalp. This is performed with little loss of blood. Next press out the contents of the cyst, and apply, freely, alcohol in the cavity, with a camel's hair brush. Then place in the cavity, also, from two to six grains of nitrate of silver, and bring the edges together with strappings when inflammation takes place. Should it inflame too much, apply cold-water dressings, and give a few doses of active purgative medicine. This plan has ever been found to complete the cure in a few days.

FISTULA IN ANO (blind external) can often be cured without cutting, by injecting alcohol the whole length of the sinus, three or four times a-day, until it brings on inflammation; when that takes place, the cure is generally completed in a short time. In

full habits, bleeding by the arm should be practised, if required, and the bowels opened pretty freely, before the alcohol is injected. Should the inflammation become too severe, it should be regulated by poultice or cold-water dressings, and low diet should strictly be attended to. *Lancet.*

The Gastric Fluid, its nature and properties.

M. Blondlot has recently published in Paris a treatise on digestion, detailing very numerous experiments made upon a dog, in which a fistulous opening into the stomach was maintained for upwards of two years. The gastric juice was obtained in very large quantities. Submitted to distillation, the fluid passing over did not exhibit the slightest acid re-action, whilst the residue in the retort was always strongly acid. It is therefore certain that the acid of the gastric fluid is neither hydrochloric nor acetic acid, since both these are volatile. The gastric fluid of other animals gave the same result on being distilled. When chalk or any other carbonate of lime is added, no effervescence ensues, which further proves the acid not to be the lactic. M. Blondlot concludes, that the acid re-action of healthy gastric juice is owing to the presence of superphosphate and biphosphate of lime. He adds, 1st. "That there is no other acid which can remain acid, and fail to decompose carbonate of lime. 2nd. That sulphuric acid, added to gastric juice, precipitates an abundance of sulphate of lime, and oxalic acid precipitates oxalate of lime. 3rd. Potass, soda, ammonia, and lime water, produce abundant precipitates of neutral phosphate of lime. 4th. The calcined ash of gastric juice is not deliquescent, dissolves without effervescence in hydrochloric acid, forming chloride of calcium, it therefore contains neutral phosphate of lime, the excess of acid being drawn off in the calcination.

M. Blondlot also made many experiments, to determine whether, during digestion in the healthy stomach, lactic acid is formed by the transformation of sugar, starch, or other substance, and his conclusion is, that it is never found. He could never find even a trace of it, although he analysed the fluid expressed from the contents of the stomach, after remaining on the stomach various periods. He conceives that the acid of the gastric juice prevents the lactic acid fermentation, just as other acids are known to do under other circumstances. In confirmation of this, M. Blondlot relates many experiments upon birds and ruminating animals, which shew that the formation of lactic acid

in these creatures takes place only in those parts of the alimentary canals where no acid is present—namely, in the crop of birds, the first and second stomach of ruminants, and the cæcum of man, and other animals. He first proves that the acid found in these cavities is not secreted by their walls. Feeding sheep, goats, chickens, and pigeons, on food destitute of sugar, and examining the fluid found in the cavities mentioned, he found it invariably alkaline. On the other hand, the addition of sugar to the food produced an acid fluid in the same cavities which proved to be the lactic. The contents of the cæcum are not more acid than those of the small intestines, except sugar has been taken in the food; but when sugar has been taken, it undergoes the lactic fermentation in the cæcum. These experiments agree with those of Mr. Ross, published in THE LANCET for January and February, 1844. Tiedemann and Gmelin found acid in the crop of a pigeon, which had fed for several days on nothing but meat; but this, as M. Blondlot shews, probably had regurgitated from the stomach—an accident requiring precautions to prevent, after death.

M. Blondlot believes that the digestive property of gastric juice depends, not on its obvious chemical constitution, but upon a peculiar organic principle. If exposed to a temperature of 104° to 122° F., or higher, it loses entirely and irrecoverably its digestive powers, although to all appearance, and even as to its composition, as made known by analysis, it remains unchanged. With the exclusion of the air, gastric juice may be kept for two years without loss of its activity; but with the free access of air, it putrefies in five or six days, although the chyme which it forms from nitrogenous organic substances may be preserved for two or three months without change. The precipitation of all the lime it contains does not affect its activity, nor are its chlorides indispensable, but whatever acts upon its organic constituents, heat, strong alcohol, or strong acids, or which removes them, such as animal charcoal, chlorine, tannic acid, or acetate of lead, destroys all its digestive properties.

M. Blondlot also shews—A. That coagulated albumen resists the action of the gastric juice only from its compact form. When coagulated in very small particles, as white of egg beaten into a froth and poured into boiling water, it is digested as quickly as soft fibrine. B. That the action of the stomach in coagulating milk is not due to its digestive principle solely, but to its acid, which acts like lactic acid. C. The effect of the gastric fluid upon bones, whether entire

or not, is to disintegrate the animal matter slowly, beginning at the surface, and to reduce the earthy matter into a fine chalky powder, but without dissolving or decomposing it. The earthy matter not being dissolved, proves that no hydrochloric acid has acted upon it, but it all is discharged with the fæces.

The physiological results of M. Blondlot's experiments confirm those of M. Beaumont, which are already familiar to our readers.—*Lancet*.

Indian Hemp in Traumatic Tetanus.

By H. G. POTTER, F.L.S. Surgeon to the Newcastle Infirmary, and Lecturer on Surgery, at the Newcastle-on-Tyne School of Medicine and Surgery.

Though the attention of the profession has been frequently directed to Indian hemp as a medicinal agent in the treatment of spasmodic affections, I believe that its powers are not yet sufficiently appreciated. If, therefore, you will allow me a small space in your valuable publication, I will mention a case in which I lately tried this medicine with marked good effect. A young man while engaged at his work, Oct. 29, 1844, became entangled in the belt which moved a large wheel, and thus received a severe laceration on the upper part of right thigh, exposing the femoral vessels. He also received several other injuries. He was immediately brought to the Newcastle Infirmary, when the usual treatment, in such cases, was adopted. The case proceeded most favorably until the twelfth day, when symptoms of tetanus appeared. A large dose of calomel and Dover's powders was then given, and as no good effect followed, I ordered him to have ten grains of extract of Indian hemp, and to repeat the same dose every two or three hours, if required. I saw him again in a few hours, and finding that his bowels had not been acted upon by some purgatives he had taken, ordered two drops of croton oil to be placed on the tongue, and the following injection:—Tobacco leaves, one scruple; boiling water, eight ounces; macerate; strain for an enema. These produced free action in the bowels.

In consequence of the difficulty in swallowing, I determined to give the extract in the form of injection, and therefore ordered him to have the following enema every two hours: Extract of Indian hemp, one scruple; strong beef-tea, six ounces; mix. This was done, and the injections retained. No violent spasmodic actions took place, but the back became gradually more and more arched, so that it was necessary to place a pillow beneath. The extract did not cause any marked symptom of intoxication,

though it evidently produced, at intervals, calm sleep.

Without suffering any pain, the disease gradually progressed, death taking place on the fourth day after symptoms appeared.

In this case, four drachms and two scruples of the extract were administered, and to the action of this medicine I attribute the freedom from pain and *clonic* spasm, which surely is sufficient to induce any one to give this remedy a full trial in so fearful a disease.

Before I conclude, it may be well to mention, that no abnormal appearances were detected at the post-mortem, to throw any light on the pathology of this disease.—*Lancet*.

A New Preparation of Cinchona Bark.

Mr. M. Donovan, of Dublin, has collected a considerable amount of evidence from numerous medical authors, tending to prove that the alkaloids of the barks, quinine, cinchona, &c., are not the only constituents which give those barks their medicinal properties, but that their anti-periodic efficacy depends, in part, upon other ingredients, and much upon the combination in which the alkaloids are found in the natural state of the bark. The sulphate of quinine is, at present, the form most commonly employed but many authorities are adduced by Mr. Donovan, to shew that it cannot in all cases be depended on.

Under the impression that these preliminary points are proved, Mr. Donovan proceeds to relate his experiments, made with the view to obtain an agreeable preparation containing all the virtues of the bark in a small bulk. "Hitherto," he says, "there has been no way of exhibiting bark in its full powers, except in the state of powder which, to most persons, is so disgusting a dose that it is rarely prescribed." The following is the preparation which he conceives accomplishes the purpose:—

Let eight ounces of yellow bark, in coarse powder, be digested with a pint of proof-spirit for a week, in a close vessel, with frequent agitation. The tincture is to be fully extracted by the screw-press; the residuum is to be digested with another pint of proof-spirit for a week, and the tincture again expressed. The residuum is now to be boiled for half an hour with a pint of water, and the decoction strongly pressed out. The boiling of the residuum a second and third time, with a new pint of water is to be performed in the same manner, and then the three decoctions, mixed, are to be evaporated by heat to eight ounces. It will be much

the better if this be done in a vacuum. The tinctures, mixed, are to be distilled or evaporated until eight ounces remain; and these, still boiling hot, are to be added to the evaporated decoction. A pint of liquid will thus be produced, the chief ingredient of which is dikinate of quinine.

To this liquid add 315.31 grains of dinoxalate of quinine, and boil for a few moments; then add 21 troy ounces of refined sugar, and four ounces of best gum arabic, both in powder, and previously mixed. The whole is to be kept stirring until solution is effected, and if the resulting syrup, when cold, does not amount to 32 ounces by measure, water is to be added to make up that amount. When cold, filter through flannel.

In each ounce of this syrup there will be 16 grains of anhydrous dikinate of quinine. This syrup is twenty-five times stronger than the decoction of bark.

It remains to offer a few suggestions relative to the pharmaceutical employment of this syrup. In general it may be used in any mixture of compatible liquids, when the powers of bark are required, and when the other liquids are already sufficiently voluminous, and would be altogether too bulky if decoction of bark were employed. Thus, in the simultaneous exhibition of decoctions of bark and sarsaparilla, in equal quantities the smallest efficient dose of the mixture is six ounces three times a day. By altering the formula to fifteen and a half ounces of decoction of sarsaparilla, and five and a half drachms of syrup of bark, the same powers are exhibited in half the foregoing bulk.

The following contains all its energy in a state of perfect development and activity, and is a pleasant carminative tonic:—

Cinnamon water, six ounces and a half; syrup of bark, half an ounce; compound tincture of bark, an ounce. An ounce measure of this mixture is equivalent to thirty-six grains of bark in substance.

When bark and iron are indicated, the following is the formula in which the least chemical action takes place between the tannin and the iron, as no discoloration appears for several days:—

Precipitated carbonate of iron, syrup of bark, of each an ounce. Mix. Dose, the size of a small nutmeg.

The strength of this syrup is such, that one drachm is a full dose, either by itself or in water. Aromatics, such as anise or fennel, are said perfectly to mask the bitterness of preparations of quinine. M. Pierquin says that thirty-two grains of carbonate of magnesia conceal the taste of six grains of sulphate of quinine, without interfering with its virtues.

To conclude: this preparation of bark seems deserving of the attentive consideration of physicians, as it contains all that is valuable in that medicine, in a state of perfect preservation and full energy. It presents the active ingredients exactly in their natural state, which good judges have declared to be in many forms of disease absolutely necessary. It contains nothing but what is an unaltered proximate principle of bark. The form is commodious, not liable to spoiling, is less disagreeable than any other, and may be rendered even agreeable.—*Pharm. Journal*.

Adulteration of Sulphate of Quinine, and a Method of detecting it.

The sulphate of quinine of commerce is very frequently adulterated with salicine. If the proportion of the latter alkaloid present be half, or even one-fourth, the fraud may be detected by the addition of concentrated sulphuric acid, which produces, with salicine, a characteristic red color. But if no more than a tenth of salicine is mixed with the sulphate of quinine, this red color is not developed by the addition of sulphuric acid. In order to detect the presence of salicine in this or less proportions, this alkaloid must be isolated. For this purpose, take three or four grains of the suspected sulphate of quinine, and pour on it about six times its weight of concentrated sulphuric acid, which dissolves the salt, and, if salicine be present, forms a solution of a brown color, just like sulphuric acid soiled by some vegetable matter. To this add carefully and gradually some distilled water, until a white precipitate appears. This will probably be salicine, which will not dissolve in a moderately dilute acid solution of sulphate of quinine. Filter the liquid, and collect the precipitate on a watch glass, and it will now produce, upon the addition of concentrated sulphuric acid, the bright-red color characteristic of salicine. If too much water be added, the precipitate will dissolve, and only a loose gelatinous precipitate will form, very difficult to separate. *Journal de Chemie Medicale*.

Epidemic Cholera treated by Transfusion.

In a preceding number of the same journal, several extraordinary cases of recovery from the late epidemic cholera thus treated by Mr. Torrance, are recorded. The fluid injected consisted of—Muriate of Soda, 2 drachms, carbonate of soda, 2 scruples, chloride of potassium, 7 grains, water (temperature 96°,) 2 quarts. Of this solution, as many as 10 quarts were, in some instances, injected into the system, at intervals, during 28 hours!—*Lancet*.

the number of children born are seen to be injured by the children die early; and the mortality of the children from birth frequently to it." "die in utero, at of labor, as the male." "children that are liable with the third place with fe-

uration of labor is with female children and deaths occur children in first than

which Dr. Simpson of his views, extends to a great length. with characteristic from it has an interest of valuable practical or concludes with the encouragement:— of the mortality of are only, as yet, been upwards of seven July, 1837, to the calculations we have abundant with truth, (and much within the limits lost in Great Britain, and, as a consequence, of the male than birth, about 50,000 of about 46,000, or of between 3000 and in childbed. *Lancet*.

Importance of Ventilation.

last month's number of Journal, gives the following:— "A gas-burner consumes of gas per hour, produces five cubic feet of nearly half a pint of of these lights, of four hours, produces gallons of water, the noxious products of

"An argand lamp, burning in a room twelve feet high and twelve feet square, containing 1728 cubic inches of air, with closed doors and windows, produces sufficient carbonic acid, in rather more than three hours, to exceed one per cent., which is considered unfit for respiration, and when amounts to ten per cent., it is fatal to life

"A man makes on an average, twenty respirations per minute, and at each respiration inhales sixteen cubic inches of air of these 320 cubic inches inhaled, thirty two cubic inches of oxygen are consumed and twenty five cubic inches of carbonic acid produced."

On the use of the Thymus Gland.

"Dr. Picci, after glancing at the theories of his predecessors, suggests that the use of this gland is chiefly of a mechanical nature—viz: to occupy a certain space within the thoracic cavity, while the lungs remain unexpanded in the fœtus; and thus to prevent the ribs and sternum from falling in too much upon these vital organs. The size of the thymus is inversely as the volume of the lungs; and, when the latter become dilated after birth by the admission of air into the cells, the former immediately begins to shrink and become atrophied. In truth, it is only in the adult that the thoracic parietes are moulded completely upon the lungs; for in infancy and youth, it is rather the thymic gland that is, in their place, moulded upon the thorax.

"The situation of this gland in the anterior mediastinum, and along the median line, the very nature of its tissue, and the great expansion and development of its inferior half, are adduced as arguments in favor of the opinion now adduced. Besides the well known circumstance that, in those newly born children in whom the thorax is very largely developed, the thymus continues to increase gradually even to the end of the second year, it deserves notice that all those animals, in which the lungs are similar to those in the human subject, are provided with this gland; whereas, we find it to be entirely wanting in those which breathe by branchiæ, or membranous lungs. In hybernating animals, also, the thymus exhibits alternations of enlargement and decrease, according to the state of the respiratory organ. In the amphibia it attains its maximum development."

"The circumstance, too, of the gland being usually rather larger than ordinary phthisical patients, may be mentioned as lending some probability to the view proposed."—*Med. Chir. Review*.

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To this liquid add 315.31 grains of dinoxalate of quina, and boil for a few moments; then add 21 troy ounces of refined sugar, and four ounces of best gum arabic, both in powder, and previously mixed. The whole is to be kept stirring until solution is effected and if the resulting syrup, when cold, not amount to 32 ounces by measure is to be added to make up that quantity. When cold, filter through flannel.

In each ounce of this syrup 16 grains of anhydrous diki-

This syrup is twenty-five times as strong as the decoction of bark. It remains to offer a substitute to the pharmacopoeia. In any mixture of the powers of bark and other liquids, minous, and if decocted in the air of bark. In these forty cases the complete analogy between the amount of fibrin and the blood of a person who died from purpura hemorrhagica, only contained 0.9 of fibrin, and there was only 0.6 in the blood of a man of fifty years of age, who, whilst being treated at the Charite, for cirrhosis of the liver, accompanied by its ordinary symptoms, all at once fell into a state of extreme prostration, with fever and delirium. When the bodies of these two patients were opened, the only anatomical data which had any reference to the last symptoms which they presented, were a liquid state of the blood in the heart and the large vessels, and ecchymoses in different parts of the sub-serous and sub-mucous cellular tissues.

The above results, substantiating the previous researches of MM. Andral and Gavarret in every respect, they are inclined to think that the examination of the varying proportions of the fibrin of the blood in certain diseases, may be of great use to determine the nature of disease, and to assist diagnosis.

MM. Becquerel and Rodier have likewise presented to the Academy an analysis of researches similar to those of M. Andral.—They have arrived at precisely the same results. But they have also ascertained two new facts: Firstly, that the proportion of

To conclude: this preparation seems deserving of the well in woman as valuable in that the proportion of infect preservation along with that of the act-atory diseases, whereas, the albumen diminishes.

On the Degenerescence of Vaccine Matter.
M. Viard has been performing comparative experiments in order to ascertain the characters of the development, progress, and duration of the eruption of the vaccine matter taken from the cow in 1836 and 1844. The following are the conclusions at which he has arrived: It is not, as is generally supposed, in the degree of development of the vaccinal postules on the eighth or ninth day, that we must look for the degenerescence of the vaccine matter; but in the progress, and more especially in the duration, of the eruption, which diminishes progressively. In 1836, the vaccine of Jenner, after nine and thirty years sojournment in the economy of man, gave rise to postules which, on the twelfth day were perfectly dried; whereas postules, originating from vaccine matter taken from the cow that year, dried only on the seventeenth day. At present, the vaccine of 1836 dries on the thirteenth or fourteenth day; whereas that recently taken from the cow (1844) only dries on the seventeenth. Thus, in sojourning eight years in man, the vaccine of 1836 has decreased in its power of keeping up the eruption. M. Viard consequently concludes that vaccine matter should be procured fresh from the cow every five or six years.

Lancet.

The Sex of the Child as a Cause of Difficulty and Danger in Human Parturition.

Professor Simpson announces, and very adequately supports, the following propositions in the last number of the Edinburgh Medical and Surgical Journal:—

1. "Of the mothers that die under parturition and its immediate consequences, a much greater proportion have given birth to male than female children."
2. "Among labors presenting morbid complications and difficulties, the child is much oftener male than female."
3. "Amongst the children of the mothers that die from labor or its consequences, a larger proportion of those that are still born are male than female; and, on the contrary, of those that are born alive, a larger proportion are female than male."
4. "Of still-born children a larger proportion are male than female."
5. "Of the children that die during the actual progress of parturition, the number

of males is much greater than the number of females."

6. "Of those children that are born alive, more males than females are seen to suffer from the morbid states and injuries resulting from parturition."

7. "More male than female children die in the earliest periods of infancy; and the disproportion between the mortality of the two sexes gradually diminishes from birth onwards till some time subsequently to it."

8. "Of the children that die in utero, and before the commencement of labor, as large a proportion are female as male."

9. "Of the morbid accidents that are liable to happen in connexion with the third stage of labor, as many take place with female as with male births."

10. "The average duration of labor is longer with male than with female children."

11. "More dangers and deaths occur both to mothers and children in first than in subsequent labors."

The number of facts which Dr. Simpson brings forward in support of his views, extends his communication to a great length. The subject is treated with characteristic ability, and those for whom it has an interest will here find a fund of valuable practical information. The author concludes with the following startling announcement:—

"The official returns of the mortality of England and Wales have only, as yet, been collected for somewhat upwards of seven years—viz: from 1st July, 1837, to the present date. If the calculations we have already given are accordant with truth, (and we believe them to be much within the limits,) there have been lost in Great Britain, during that limited period, as a consequence of the slightly larger size of the male than of the female head at birth, about 50,000 lives, including those of about 46,000, or 47,000 infants, and of between 3000 and 4000 mothers who died in childbed. *Lancet*.

Illustrations of the Importance of Ventilation.

Mr. Squire, in the last month's number of the *Pharmaceutical Journal*, gives the following

"The usual argand gas-burner consumes about five cubic feet of gas per hour, producing rather more than five cubic feet of carbonic acid, and nearly half a pint of water.

"Shops using thirty of these lights, therefore, in an evening of four hours, produce upwards of nine gallons of water, holding in solution the noxious products of the gas.

"An argand lamp, burning in a room twelve feet high and twelve feet square, containing 1728 cubic inches of air, with closed doors and windows, produces sufficient carbonic acid, in rather more than three hours, to exceed one per cent., which is considered unfit for respiration, and when it amounts to ten per cent., it is fatal to life.

"A man makes on an average, twenty respirations per minute, and at each respiration inhales sixteen cubic inches of air: of these 320 cubic inches inhaled, thirty-two cubic inches of oxygen are consumed, and twenty five cubic inches of carbonic acid produced."

On the use of the Thymus Gland.

"Dr. Picci, after glancing at the theories of his predecessors, suggests that the use of this gland is chiefly of a mechanical nature—viz: to occupy a certain space within the thoracic cavity, while the lungs remain unexpanded in the fœtus; and thus to prevent the ribs and sternum from falling in too much upon these vital organs. The size of the thymus is inversely as the volume of the lungs; and, when the latter become dilated after birth by the admission of air into their cells, the former immediately begins to shrink and become atrophied. In truth, it is only in the adult that the thoracic parietes are moulded completely upon the lungs; for, in infancy and youth, it is rather the thymus gland that is, in their place, moulded upon the thorax.

"The situation of this gland in the anterior mediastinum, and along the median line, the very nature of its tissue, and the greater expansion and development of its inferior half, are adduced as arguments in favor of the opinion now adduced. Besides the well known circumstance that, in those newborn children in whom the thorax is very largely developed, the thymus continues to increase gradually even to the end of the second year, it deserves notice that all those animals, in which the lungs are similar to those in the human subject, are provided with this gland; whereas, we find it to be entirely wanting in those which breathe by branchiæ, or membranous lungs. In hibernating animals, also, the thymus exhibits alternations of enlargement and decrease, according to the state of the respiratory organs. In the amphibia it attains its maximum of development."

"The circumstance, too, of the gland being usually rather larger than ordinary in phthisical patients, may be mentioned as lending some probability to the view proposed."—*Med. Chir. Review*.

Galvanism applied to the treatment of Uterine Hemorrhage, etc.

Dr. Radford says that he has pursued this practice with great success, in cases of hæmorrhage, accidental or unavoidable, accompanied by exhaustion, and occurring before, during or after labor. He adds—

"I am satisfied, from positive trial of the remedy, that it will be found a most important agent in tedious labor, depending upon want of power in the uterus, and where no mechanical obstacle exists. I would also suggest the probability of its proving valuable in originating uterine action *de novo*, in cases where it may be considered necessary, to induce premature labor. It seems to me also to be worthy of trial in certain cases of menorrhagia in the ungravid state, where, on vaginal examination, the uterus is found to be atonic, as evidenced by its large flaccid condition, and the patulous state of the os uteri."

The remedy is thus applied :—

"The brass ball of the vaginal conductor is to be passed up to the os uteri, at intervals, on to various parts of this organ; at the same time, the other conductor must be applied to the abdominal parietes over the fundus uteri. Shocks may be also passed transversely through the uterus, by simultaneously applying the conductor on each side of the belly.

"The application should be used at intervals, so as to approximate in its effects, as nearly as possible, to the natural pains. It may be continued until it meets the exigencies of the case."—*Lancet*.

In the same journal, Dr. Radcliff Hall recommends

The Use of Chloride of Lime in Diseases attended with Contagious Discharge.

"Gonorrhœa.—In the first stage, before the discharge has become completely puriform, or the scalding great, a single injection of about two fluid drachms of the strong solution will always put a stop to the disease, either in a first or subsequent clap. In the second stage, when there is considerable discharge of pus, and more pain, several injections are required. In gleet, provided the discharge be not kept up by some structural change in the urethra, the strong injection is likewise useful, but not to so striking an extent. The effects of injecting the strong solution are, sharp pain, and often erection for the moment, slight puffiness and eversion of the orifice of the urethra, and tenderness on pressure, and a feeling of unusual firmness for two or three inches down the *corpus spongiosum*, where these did not already

exist. In a short time, the pain subsides, and in a quarter or half an hour, a serous discharge issues from the mouth of the urethra."

Purulent Ophthalmia, Dr. Hall has treated with like success. He thus uses the solution :—

"The eyelids are slowly and gently separated until the cornea can be seen, when that is manageable, and all secretion is wiped away with a fine soft sponge. A large bushy camel-hair pencil, charged with the strong solution, is then insinuated beneath the upper eyelid and swept round the front of the eye; the pencil is again charged with the solution and applied to the everted lower lid. Unless plenty of the fluid be thus applied, the application will be equally painful but less effectual. There is considerable pain, of a smarting, burning character, for half an hour or longer, and the already swollen eyelids become still more tumid and prominent. This tumefaction is cedamatus in character, the skin losing in some measure its peculiar redness, and becoming more transparent. In a few hours, a serous discharge oozes out from between the eyelids, and the swelling partially subsides. This is followed by secretion of matter, but after two or three applications of the chloride, in perceptibly diminished quantity, the discharge gradually loses its characteristic yellow color, and is seen in flakes on opening the eyelids. After three or more applications, the eyelids no longer swell as they did after the first, and the pain is much less. The eyes are kept clean with warm water, matter never being suffered to collect beneath the upper lid; a little spermaceti ointment is smeared on the edges of the eyelids, and the strong solution is applied once in every twenty-four hours, until the secretion ceases to be in the least degree puriform. No other treatment whatever is necessary."

Contributions to the Diagnosis and Pathology of Chest Diseases.

Under this title Mr. Mac Donnell offers some valuable facts and observations in the last number of the Dublin Journal. At page 74 of the *Lancet* for April, 1844, we gave an analysis of an essay, by the same Gentleman, on the "Diagnosis of Empyema." Of this form of disease his present communication affords another example. This case is chiefly remarkable for the close resemblance which it presented in its origin, in its general symptoms, and in many of its physical signs to tubercular consumption. There were present, emaciation, purulent expecto-

ration, hectic fever, mucous rales at the apex of the affected side of the chest, and various other signs, which would at once have led a superficial or ignorant inquirer to arrive at the most unfavorable prognosis. A sound knowledge of the phenomena of chest pathology discovered, however, sufficient grounds for a different conclusion, and the disease was pronounced to be Empyema. The progress of the case, and the final recovery of the patient, afforded the most satisfactory evidence of the accuracy of this opinion.

On the history of this, and of eight other cases of empyema, the author founds the following proposition:—

“That purulent expectoration in empyema, though attended by quick pulse, sweating, emaciation, and other hectic symptoms is not indicative of tubercular or pneumonic abscess, unless accompanied by unequivocal physical signs of these lesions; but, on the contrary, it is to be regarded as the consequence of an effort of the constitution to get rid of a large collection of matter by one of the ordinary emunctories.”

Gangrene of the lung also might have been supposed to have been present in this case, as the breath and expectoration were extremely fetid. The same characters were also present in certain other cases, which terminated fatally, showing that no such condition of the lung existed. Dr. Mac Donnell offers the following, and, we believe correct explanation of the phenomenon:—

“In such cases, we have a quantity of pus and air occupying the minute tubes and air cells, and having but an imperfect communication with the external atmosphere, owing to the larger tubes being nearly obliterated by the compression to which the lung is subjected by the fluid of the empyema, and in this way they act chemically on each other, and produce a decomposition, giving rise to the intolerable odour which both the pus and expired air soon acquire. In fact, the same phenomena are observed in these cases as in an ordinary abscess, the matter of which may be healthy and odourless on its being opened, but soon becomes altered in these respects when air enters the sac and acts upon its contents, which then become bad in quality and offensive in odour. This view is borne out by what was noticed in the present case—viz., that the breath was not fetid during ordinary expiration, but became so immediately after coughing, by which the air pent up in the remote tubes was expelled, whilst that taken in during ordinary inspiration was exhaled devoid of odour.”

A *bruit* synchronous with the heart's ac-

tion was heard during the progress of the case, at the left side of the spine. It disappeared with the effusion. Further investigation will probably show this to be a sign of some importance in acquiring information as to the actual physical relations of the parts within the chest.—*Lancet*.

ELEGANT EXTRACT.

More food for the Old Ladies in Breeches.

MESMERISM AND MISS MARTINEAU.

“We do not know whether to congratulate or condole with the talented Heroine of Political Economy on the strange dream that has come o'er her soul. It appears that Miss Martineau recovered her health and—we were nearly saying—lost her senses! But this is not the case—she has acquired an additional sense—CLAIRVOYANCE! Her maid, BETTY, placed her hand on her mistress's ivory forehead, and, presto, a STEAM-TUG that was passing became metamorphosed into a ship of celestial glory, fringed with gold and silver, and fit to be ‘a God-head's dwelling.’

Its all in my eye BETTY MARTIN—EAU!

Betty, however, is no fool. She prescribed ale and brandy-and-water to her mistress, instead of opium-eating, and the change resulted in the best effects. Harriet's Mesmerie dreams will prove a god-send to the animal magnetisers, and will command more attention among the old women of both sexes than her Political Economy and her “Preventive Checks.” But it won't do! It will be the wonder of the day—perhaps of nine days—and then sink into oblivion with the exploits of Miss Okey.”—*Medico. Chir. Review*.

Dr. Duncan relates, in the last number of the *Northern Journal of Medicine*, an interesting case of *Removal of a coin from the Larynx by inversion of the body*.

An individual amusing himself by tossing up a shilling, and catching it in his mouth, it slipped through the glottis. The accident gave rise to comparatively little inconvenience. The coin seemed to the patient to be fixed at the cricoid cartilage, and he had an impression that it could be displaced were he to stand on his head. This impression corresponding with the opinion of Dr. Duncan and his associates—

“The man was placed with his shoulders against the raised end of a pretty high sofa, and then being seized by three of the most powerful of those present by the loins and thighs, he was rapidly inverted, so as to

bring the head into the dependent position, and, after a shake or two, Dr. Simpson at the same time moving the larynx rapidly from side to side, the shilling passed into the mouth and fell upon the floor. Not the slightest cough nor dyspnea was produced, and the patient immediately started up, delighted with the result. He was now perfectly free from uneasiness, and there was a marked change in the character of the voice. He had not the slightest subsequent bad symptom."

Curious case of Mesmeric Detection of Crime.

LYNN, Mass., May 28, 1845.

MR. EDITOR,

Thinking that you and perhaps your readers, might be interested in a specimen of what may be said on the possibility of detecting rogues through the power of Mesmerism, or Animal Magnetism, I have concluded to give you a brief account of a case, that has recently passed under my notice.—It may exceed your belief—I am confident that it will your explanation, as it does mine—meaning the process by which the given result has been reached; but incredulous as it may appear, I beg to say that the circumstances which I relate are bona fide facts, and can be shown to be such, should truth or virtue require, in any court of justice.

One of my nearest neighbors, a man of unquestionable veracity, on Tuesday of last week, in opening one of the money drawers in the counters of his store, discovered that some money had been taken from it, evidently by a stealthy hand, since he had been to it to make change—which, I believe, was in the time of an hour. The exact amount that had been taken he could not tell, though he knew it could not be large; and as to the individual by whom it had been taken, he could form no reasonable or satisfactory conjecture. His thoughts first recurred to his clerk, he being a boy that had been with him but a few days, and not knowing what power temptation might have over him; though he had seen so much to encourage confidence in his honesty, that he could not believe him to be the rogue. Who it could be, of those who had been about the store during the day, or of the suspicious characters in the neighborhood, he could not imagine or satisfy himself. After waiting a day or two, without fixing upon any one as the probable criminal, and having heard of the wonderful revelations asserted to have been made by Mr. and Mrs. C. in a neighboring street, through the power of Mesmerism, to gratify his curiosity in the shape of seeing what might be said on the subject by a per-

son in the mesmeric state, taking along with him his clerk, he called on them for the purpose. Merely stating that he should like to have an experiment in clairvoyance, without telling them his motive or business, and they having had no means of knowing the circumstances in regard to the loss of money from his store, Mr. C. put his wife into the mesmeric sleep, and proceeded to ask her such questions as Mr. P. the applicant, might propose without being in communication with her. The first question related to the discovery and location of his store. She soon found it, describing it, without and within, to his entire satisfaction. The inquiry was next put, whether he had lost anything from the store within a few days. After a strong and somewhat protracted mental effort, she answered, "Yes, some money from a little drawer in the inside of a counter." In a free and earnest manner she went on to relate the particulars as they appeared to her, stating that, in the absence of Mr. P. from the store, and as the clerk stepped down into the cellar with a bare-footed boy to get some butter in a covered tin pail, (which the clerk well remembered,) a lad, apparently about fourteen years of age, entered the store, reached over the counter, pulled out the drawer, and took from it four dollars in two bills, one a three dollar bill, the other a one, which he hastily stuffed into his pocket; and then, instead of making off in a hurry, put on a composed air, and as the clerk came up from the cellar, made as if he had just come into the store in a very loitering, lazy, careless manner, and at last leisurely passed out of the store with the boy that had got the butter. She then described the boy, including his size, looks, hair, &c., with great particularity; also, his parentage, habits and business; and in tracing him from the store, followed him down to the corner of the next street, where she described him as going into a grocery, and giving two cents for an orange, &c., &c.—The clerk at once remembered that a boy answering exactly to her description had frequently been in the store, and that he saw him, apparently coming into the store, as he came from the cellar at the time mentioned; and he recognized as true of him what she had said concerning his parents and habits.

On returning from the examination, Mr. P. and his clerk thought the matter might repay a little further attention. They accordingly kept a look out for the fellow that had been so particularly, and, as they thought, on reflection, so correctly described. Before the week closed, he made his appearance at the store. Mr. P. taking him one side, and speaking to him in a friendly tone

and manner, told him that he wanted that money that he took from his drawer the other day, (intending to carry the impression that he knew him to be the rogue.) At first, he denied having taken the money; but when Mr. P. told him that a person in Nahant-street, (having in his eye Mrs. C.) saw him enter the store, take the money, put it into his pocket, and when he went out, pass down to a certain grocery, where he bought an orange, giving two cents for it, he lost his power of denial, and, in owning it, confessed that all the circumstances relating to the number and size of the bills, &c. were just as they had been described by the mesmerized subject; and after expressing regret and sorrow, and saying that he had paid away the money, he promised to go to work, earn it and restore it to him.

Such are the facts in the case, and I have them from the original and responsible sources. I submit them to the public, expecting them to be questioned and perhaps ridiculed, but knowing, at the same time, that they can be supported by the most unquestionable of human testimony. I have been particular to inquire whether either Mr. or Mrs. C. had any knowledge of the boy in question before the time of the examination, and if they had, whether they had any suspicion of him as a bad boy; and I learnt that, up to that time, they were ignorant that any such boy lived in town. Leaving every one to form his own opinion in the case, and to make his own comments, I here leave the subject.

Yours, believing in the progress of human discovery and knowledge.

M. S.

N. Y. Tribune.

The relation of the Physician to a Colleague.

This relation is twofold. The first embraces mutual respect, and where that is not possible, let indulgence at least be the principal law of conduct.

Nothing is more difficult than to judge others, but nowhere is it more so than in the practice of medicine. It is therefore unpardonable in the public; but it is revolting to hear physicians, who know the difficulties of the art, and of forming opinions regarding it, judge their colleagues with severity, harshness, contempt, or disclose their faults, and try to raise themselves by lowering others. O that I were able to impress the minds of my brethren with the truism, as forcibly as I am penetrated by it! He who degrades a colleague degrades himself and his art. For, in the first place, the more the public becomes acquainted with faults of physicians,

the more will physicians become exposed as contemptible and suspicious, and the more will such exposure impair confidence: and confidence in the whole body being diminished, every single one, and the censurers included, will lose a share of it. The public would be less prone to censure the medical profession, and its faults would not be a favorite topic of conversation, if the members themselves did not broach it, and set the bad example. It shews a short-sighted selfishness, and want of all common spirit, when a physician acts in such a manner, and thereby hopes to raise himself, as he degrades others.

Lancet.

A Doctor and his Lizards.

A letter from Vera Cruz, to the Albany Evening Journal, relates the following marvellous incidents in a notice of a visit to the estate of Dr. Stephens:

"While enjoying our segars under a broad-spread tamarind tree, the lizards came down as usual to keep the mosquitoes away from their protectors. The doctor's kindness for animals has developed instincts and awakened affections that would not discredit a race, intellectually endowed. His beautiful fan-tailed pigeons, when he returns from town, come with their greetings to his carriage, and perch upon his shoulders. His lizards jump from the trees into his hands. A year or two since, when several of the officers of the United States ship Potomac, with two gentlemen residing here, were at breakfast with the doctor, a huge lizard that had the misfortune to lose its tail by some casualty, marched into the rooms, and up to the doctor, with its dismembered limb in its mouth! This looks, I confess, too much like a "Remarkable Snake Story," but it is nevertheless, a well authenticated fact. The maimed reptile, under the influence of instinct highly excited, sought relief from the hand by which it had been fed and cherished. The doctor himself regards the circumstance as a tribute to his skill in surgery.

The unreasoning species are not alone, however, in their appreciation of Dr. Stephens's medical services. He performed, at an early day, with entire success, some of the most difficult surgical operations. His writings on yellow fever, scurvy, &c., won for him the highest medical honors that Europe confers. He was one of three eminent physicians upon whom degrees were conferred upon the occasion of Lord Wellington's installation as Chancellor of Oxford University. He is now devoting himself to investigations of the highest interest touching the Phenomena of Life, which, in his judgment, prove, 1st. That the action of the body is

regulated by some power or agency other than the Brain. 2d. That there is a living, vital agent, independent of, and so far as muscular action is concerned, superior to the mind; and 3d. That in man, and in the higher order of animals, the principle of life is seated in the solar ganglion, from which the nervous system or machinery draws its power of motion, and by which it is propelled and governed.

Extraordinary facts relating to Combustion.

At a meeting of the Academy of Science, February 3, M. Dumas related some experiments to which he had submitted liquid chlorine refrigerated to 90 degrees below the freezing point, in a mixture of solid carbonic acid and ether.

1. Phosphorus falling into liquid chlorine is ignited with a violent explosion.

2. Phosphorus, itself previously cooled in the freezing bath, inflames in the same manner, with violent explosion.

3. Arsenic, taken at the ordinary temperature, is kindled when dropped into liquid chlorine.

4. Antimony, on the contrary, manifests no action on liquid chlorine.

M. Boussingault proposed that the Academy should give facilities for extending these experiments (which are attended with much danger) on some determinate plan.—*Comptes Rendus*, 3d Feb.

MEDICAL SOCIETY OF LONDON.

DR. THEOPHILUS THOMPSON, President.

Effects of Counter-Irritation.

Mr. DENDY, in reference to the discussion at the last meeting, remarked, that when properly and judiciously applied, blisters to children were by no means attended with danger. He himself, however, preferred the use of the acetum lyttæ, which merely required to be painted on the skin with a camel's hair brush, once or twice, to produce vesication. He was in favor of small vesications, such as the size of a shilling, being formed successively at intervals of twelve or twenty-four hours. The acetum lyttæ had the advantage of not producing strangury.

Some remarks on the effects of blisters to children were made by several members.—Applied with due caution, and allowed to remain only a short period, they might be and were serviceable in many cases. Their abuse however, was calculated to do much evil, and never more so than when applied by ignorant persons, who allowed them to remain on for a long period.

In order to shew that blisters, or any other kind of counter-irritation, might occasionally be of serious consequence to the patient, it was observed by Mr. PILCHER that he recollected six cases of inflammation of the chest succeeding to measles, in which blisters had been applied, and they were all fatal. He mentioned also the instance of a youth fifteen or sixteen years of years of age, in whom the irritation produced by a compound frankincense plaster applied to the chest, was so great that the parts sloughed, and the patient sunk. In these cases, doubtless, the constitutional powers of the patients were very low.

Mr. STEDMAN had found the acetic acid as efficacious as the acetum lyttæ, and considered the efficiency of the latter preparation to be dependent on the vinegar.

Mr. DENDY recollected Sir A. Cooper mentioning a case in which a young lady, recently arrived from Jamaica, fell a victim to the application of common blister to her knees. She sank in three days, from sloughing of the parts. In respect to the effects of the various paper preparations of the lyttæ, he had found them so uncertain that he never employed them.

Mr. BISHOP remarked that when a large surface was exposed, either as the result of a blister or a burn, nervous irritation of such a character might be produced as to terminate fatally, and this even when the sore itself might have a healthy aspect. The nervous irritation killed Miss Clara Webster. In cases in which this irritation was set up, opium often exerted a most benign influence.

Dr. FORBES WINSLOW read a paper on

The Incubation of Insanity.

After dwelling upon the importance of studying and treating the disorders of the mind in their earliest or incipient form, or during the period of incubation, and lamenting the little attention which had hitherto been paid to this important subject, Dr. Winslow expressed as his belief, that a very large proportion of the 8,736 incurable lunatics confined in asylums in England and Wales, had been reduced to this sad state by the neglect to which they had been subjected in the incipient state of the malady. According to the last official return made by parliament, there were in the whole of England and Wales, confined in asylums, 11,272 lunatics. Out of this number, there were returned as "incurable," 8,736; and as "curable," only 2,519. This alarming disproportion was attributed to the ignorance which had prevailed with regard to the nature and treatment of this disease. The notion which had so generally been promulgated,

that insanity was an affection of the mind, the spiritual principle abstracted, and the material organization, and not at all associated with bodily disease, had had the effect of retarding the progress of sound pathological knowledge, with regard to the condition of the brain and nervous system, during this fearful inroad upon its recognized functions. The attempts which have also been made to define insanity, to establish a test or standard of mental unsoundness, had also operated most injuriously. Each medical man having formed his own notion of what constituted insanity, no person was admitted to be deranged until he came up to his preconceived standard; and, consequently, the period of incubation was entirely overlooked. The author maintained, with regard to the treatment of insanity, that the probability of recovery lessened in a ratio to the period which was allowed to intervene between the first onset of the disease and its more advanced stages; and that unless the result of physical injury, or connected with strong hereditary predisposition, derangement of mind was, if attacked in its incipient form, as easily curable as incipient inflammation, pneumonia, or rheumatism. He adduced a number of statistical facts to establish the point. He considered that in the primary stage, insanity was but slightly connected with lesions of nervous structure; but if the disorder be permitted to remain for any length of time without any attempt being made to remove it, serious organic changes take place in the delicate organization of the brain, which for ever place the patient beyond the reach of remedial measures. The author urged the importance of applying to the diseases of the brain and its disordered manifestations the same principles which guide us in the elucidation and treatment of other affections of organic structure. He considered that a person might be pathologically insane, who ought not to be held as legally mad. In studying this class of affections, the medical philosopher should dismiss from his mind all his preconceived notions, based upon legal and medical definitions of insanity; if he tied himself down to these metaphysical abstractions, he will close his eyes to a medical truth of the highest import to the human race. Dr. Winslow confessed his inability to define insanity. He thought that, with equal propriety, an attempt might be made to define yellow, red, blue, or any other abstract essence. He considered that insanity was not essentially different from other maladies, that it obeyed the same pathological laws. After entering at some length into the point, and having pointed out the evils which had resulted from the at-

tempts which have been made to throw about this malady an air of mystery and superstition, Dr. Winslow next proceeded to detail the incipient symptoms of this affection. He thought that the period of incubation might last for months and years; cases had been recorded in which it had been of fifteen years duration. Long prior to the explosion of insanity, patients have confessed that they have for months and years been struggling against the encroachment of this malady. In forming an estimate of the presence of insanity in any given case, care should be taken not to confound natural healthy singularity and eccentricity with those deviations from sound mental health which are clearly the consequences of physical disease of the nervous system. The patient's own mind must be the standard of comparison. The physician must compare the manifestations which prevail at the time when the mind is supposed to be affected with the mental state of the individual in its natural and habitual condition. Insanity is often but an exaggeration of the natural habits, passions, and character. The author considered that almost invariably there existed in the early period of insanity, a stage of consciousness during which the patient was perfectly aware of the existence of an altered state of mind, and the approach of "thick coming fancies," against which he often heroically struggled. It was a fallacy to suppose that insanity was often suddenly developed; in those instances in which the malady appeared to break out suddenly, it would be found that a well-marked premonitory stage preceded the attack of mania. This was remarkably the fact in most cases of suicidal insanity. The author thought that the first stage of insanity had been properly denominated the state of "moral incoherency," and that in every case the moral faculties would be found, in the first instance, to be implicated in the disorder and that the intellectual derangement was to be considered but as an advanced stage of the moral disease. He then enumerated the early signs of insanity, before any delusion had fastened itself upon the mind, and the patient had lost all control over the will.

The following was said to be among the incipient indications of insanity:—an altered state of the affections towards relatives and friends, that alteration being often in a direct ratio to the former attachment; a difficulty in guarding against dislike; a restlessness of disposition; a disposition to magnify trifles; weakened volition; defective memory; the patient is inordinately depressed or elated by the most trifling circumstances; he manifests a restlessness and inability to concentrate his

attention to any subject; he neglects his business; avoids the society of those with whom he formerly associated; becomes violently passionate about trifles; manifests a peevishness and impatience of contradiction; he exhibits an extravagance in all his thoughts and actions.

High spirits are often the first manifest signs of approaching insanity; the patient takes larger quantities of wine than usual; if naturally reserved and modest, he becomes the reverse; all his actions betray extreme mental agitation; the imagination is often unnaturally brilliant; old impressions are revived; the patient will be seen to sit for hours in a state of abstraction, as if his mind was occupied in the contemplation of gloomy fancies. In this stage the patient has the appearance of being intoxicated.—Combined with these mental symptoms, are certain physical indications, such as pain or lightness in the head; a sense of constriction across the forehead; heat and puffiness of the scalp; distress of countenance; prominence of cornea; contracted pupil; a disposition to bite the nails and tips of the fingers; defective articulation; sometimes, however, extreme loquaciousness; an oily or greasy appearance of the skin; fœtid cutaneous exhalation; great restlessness; the patient is disposed to pace up and down a room for hours together, muttering to himself. Before the development of insanity the patient often complains of being troubled by frightful dreams, or with illusions or hallucinations, out of which he is unable to reason himself. The patient complains of sleeplessness; the secretions often become diseased, and the hepatic, in fact, the whole of the digestive organs give evidence of derangement. The pulse is the pulse of excitement without power.

The value of these signs, the author stated, was often not sufficiently estimated until it was too late to repair the cerebral mischief done. Dr. Winslow then pointed out the treatment of incipient insanity. He stated that no specific plan of treatment could be pursued which would be applicable to every case. The medical practitioner must be guided in his treatment by the circumstances connected with each case brought under his consideration. As a general rule, he deprecated bleeding in the early or advanced stages of insanity: there were, however, cases in which considerable vascular action was going on in the brain, and for the removal of which it was necessary to abstract blood both locally and generally. Dr. Winslow also spoke of the exhibition of morphia, purgatives, counter-irritants, and the application of cold in the treatment of insanity,

and pointed out the states of brain in which they were admissible.

Mr. Headland complained that the paper had failed in elucidating any new point connected with the subject discussed. He shewed that cause and effect had frequently been confounded, and referred to cases in which insanity existed without any appreciable physical change. He considered that the pathological condition was often the effect and not the cause of the mental disease. He had little expectation of insanity being either cured or prevented by physical remedies, but trusted that moral treatment and training might be of service in effecting, to some extent, its eradication. Altering the habits of the people would tend greatly to this desirable end. He shewed the difficulty of preventing the accomplishment of suicide where insanity on that point existed, although it was easy enough to detect its presence.

Mr. Dendy referred many states of mental aberration to a want of balance in the circulation of the brain, principally in respect to venous congestion.

The discussion was adjourned.

A communication was read from Mr. Curtis, in reference to the valerianate of zinc, in which it was stated that he had administered this medicine with great advantage in a variety of cases of tinnitus aurium, nervous deafness, amaurosis, and muscæ volitantes. The dose was a grain. He introduced the medicine to the Society with the view of inducing the members to try it in cases of nervous debility; and as at present it was not easily procurable in London, he had placed some of the medicine in the hands of the President, to supply any gentleman who would wish to give it a trial. This remedy had the advantage of having mineral and vegetable properties.

Mr. Hird had employed this medicine in two cases of hysterical neuralgia. In one case it was of advantage.

A member had also used the valerianate of zinc in a case of brain affection closely resembling delirium tremens. It was of much benefit.

The discussion of Dr. F. Winslow's paper was then resumed.

Dr. Costello was astonished at the opinions expressed, at the last meeting, by Mr. Headland, as they were perfectly opposed to pathology.

Mr. Headland explained, that in the absence of paralysis or other manifest physical disease, in a great majority of cases of insanity, there would be no appreciable change in the brain after death. There was no relation whatever between the amount of phy-

sical disease and the mental aberration. He referred to a case published in *The Lancet* some years since, in which there was complete destruction of a great portion of both hemispheres of the brain, and yet mind remained perfect to the last.

Mr. Dendy drew an analogy between simple concussion and incipient insanity, in which recovery took place, one from a moral, the other from a physical influence.

Dr. Chowne considered that every mental disease had a physical origin. In all cases of insanity there would be a physical change, though it might not always be appreciable. The brain might be temporarily affected by some change in the circulation, independent of organic changes, as spasm and diarrhoea might exist without physical lesion.

Dr. Alison shewed that disorder of the function of the brain might exist without appreciable organic change. Yet who doubted its presence any more than they did the presence of organic change in the kidney (though not to be detected) in certain disorders of function of that organ?

Dr. Clutterbuck regarded insanity as not a disease per se, but merely a symptom of disordered function of the brain. If we admitted—and, he thought, it could not be reasonably doubted—that the brain was the organ through which the mind was manifested, it followed that every disordered condition of the mind was dependent on some disordered condition of the brain; not always, it was true, obvious or appreciable, but still it was clear that the brain was not in a sound state of health. Not always to the extent of disorganization, for it was known that insanity often left the patient for a time, and then recurred, from causes not very obvious. The brain was often found diseased in cases of insanity, but he wanted proof that those changes were always the cause of the insanity. Authors of eminence, however, had asserted that they had always found the brain diseased in cases of insanity; Sutherland and Haslam were of this number; and Mr. Lawrence, out of seventy-two cases, had found the brain diseased in all, a structural change existing in each case. These facts did not prove that the structural disease was the cause of the symptoms, but it shewed that in insanity the brain was not sound. That these conditions were not the proximate cause of the insane phenomena, however, was proved, for they existed independent of insanity. We found opacity of the membranes, increased vascularity, bloody points, induration, softening, and serous effusions of the brain, in cases in which insanity did not exist. Changes, however, might exist beyond what we were at present enabled to

discover. What then caused this state of brain? He believed that it was always the result of inflammation which had existed at some period or other. He thought this, because inflammation was the great disorganizing process; and if disorganized, therefore, the brain must, at one time, have been inflamed. The disorganization was the result, in some way, of inflammation. We might often trace insanity in its early stages to the influence of extreme mental emotion, the effects of alcohol, or of local injuries, the insanity subsiding on the subsidence of these causes, so that we had cause and effect at once before us. He complained that the term incubation was not expressive of the manner in which insanity progressed in its early stages. Confirmed insanity was incurable, as the brain had become permanently affected. The time for treatment was in the early stage; subdue the inflammation then, and you subdued the symptom, and the brain regained its natural condition.

Dr. Wigan agreed with Dr. Clutterbuck, except as to inflammation being the first cause in all cases. He briefly referred to his opinions on the duality of the brain and mind.

Dr. Costello agreed in the main with Dr. Clutterbuck; but believed that the changes of the brain connected with insanity might be dependent on other causes than inflammation. Thus there was a peculiar shining appearance of the white portion of the brain, not the result of inflammation, frequently found in cases of insanity. He alluded to the state of irritation, the result of long suckling, of softening of isolated portions of the brain, in which the vessels were impervious to injection, as being often passed over in examinations of the brain of lunatics.

Mr. Headland replied. He shewed that no observations which had been made affected the position with which he had started. He shewed, from reference to statistical facts, that insanity bore a ratio to the state of mental and physical destitution which prevailed, and he particularly directed attention to the prevalence of insanity in Wales. He shewed the little benefit likely to result from merely physical agents in the prevention of this disease, and trusted for the alleviation of mankind from this distressing malady to increased physical comforts, and improved mental and moral training.

IMBECILITY OF MEDICAL COLLEGES.—R. Replace the professors of the crude notions of a by-gone age, with the talented young men of the profession.—*Clairvoyant*.

Swedenborg's "Animal Kingdom."

This wonderful man is clearly destined to be acknowledged as one of the great lights of the race. His scientific works, which have hitherto remained locked up in the obscurity of the Latin, are now appearing in an English translation, and the profoundest minds are astonished at the gigantic powers which they display. The "Animal Kingdom" in two large volumes, 8vo, has recently appeared from the London press, the character of which may be judged of from the following notices, the one from the London "Forces," a Medical Journal, and the other from the "Monthly Review." The writers are neither of them in the interests of the New Church, nor believers in the divine mission of Swedenborg.

"This is the most remarkable theory of the human body that has ever fallen in our hands; and by Emanuel Swedenborg, too! a man whom we had always been taught to regard as either a fool, a madman, or an impostor, or perhaps an undefinable compound of all the three. Wonders, it seems, never will cease, and therefore it were better henceforth to look out for them, and accept them whenever they present themselves, and make them into ordinary things in that way. For thereby we may be saved from making wonderful asses of ourselves and our craft, for enlightened posterity to laugh at.

"To return to our book, we can honestly assure our readers, (which is more than it would be safe to do in all cases) that we have carefully read through both volumes of it, bulky though they be, and have gained much philosophical insight from it into the chains of ends and causes that govern in the human organism. What has the world been doing the past century, to let this great system slumber on the shelf, and to run after a host of little bluebottles of hypotheses which were never framed to live for more than a short part of a single season? It is clear that it yet 'knows nothing of its greatest men.' The fact is, it has been making money, or trying to make it, and grubbing after worthless reputation, until it has lost its eyesight for the stars of Heaven and the Sun that is shining above it.

"Emanuel Swedenborg's doctrine is altogether the widest thing of the kind which medical literature affords, and cast into an artistical shape of consummate beauty. Under the rich drapery of ornament which diversifies his pages, there runs a framework of

the truest reasoning. The book is a perfect mine of principles, far exceeding in intellectual wealth, and surpassing in elevation, the finest efforts of Lord Bacon's genius. It treats of the loftiest subjects without abstruseness, being all ultimately referable to the common sense of mankind. Unlike the German transcendentalists, this gifted Swede fulfils both the requisites of the true philosopher; he is one 'to whom the lowest things ascend, and the highest descend, who is the equal and kindly brother of all.' There is no trifling about him, but he sets forth his opinions, irrespective of controversy, with a plainness of affirmation which cannot be mistaken; and in such close and direct terms, that to give a full idea of his system in other words would require that we lesser men should write larger volumes than his own.

"The plan of the work is this: Swedenborg first gives extracts from the greatest anatomists of his own and former times, such as Malpighi, Leuwenhoek, Morgagni, Swammerdam, Heister, Winslow, &c., &c., so that these volumes contain a body of old anatomy (translated now into close English) such as cannot be met with in this shape elsewhere. He then gives his own unincumbered deductions from this 'experience,' under the heading 'analysis.' Each organ of the thorax and abdomen in this way has a two-fold chapter allotted to its consideration, which chapter is a complete little essay, or we might say, epic, upon the subject. The philosophical unity of the work is astonishing, and serves to unlock the most abstruse organs, such as the spleen, thymus gland, supra-renal capsules, and other parts upon which Swedenborg has dilated with an analytic efficacy which the moderns have not even approached; and of which the ancients afforded scarcely an indication. Upon these more mysterious organs, we think his views most suggestive and valuable, and worthy of the whole attention of the better minds of the medical profession. Of the doctrine of series, since called by the less appropriate term 'homology,' he has afforded the most singular illustrations, not confining himself to the law of series in the solids, but boldly pushing it into the domain of the fluids, and this with an energy of purpose, and a strength of conception and execution, such as is rarely shown by any nine men in these degenerate days.' We opened this book with surprise, a surprise grounded upon the name and fame of the author, and upon the daring affirmative stand which he takes *in limine*; we close it with a deep-laid wonder, and with an anxious wish that it may not appeal in vain to a profession which

may gain so much, both morally, intellectually, and scientifically, from the priceless truths contained in its pages."

The language of the *Monthly Review*, June, 1844, is equally emphatic:

"In conclusion, we record our opinion positively, and not relatively, wholly and without reservation, that if the mode of reasoning and explanation adopted by Swedenborg be once understood, the anatomist and physiologist will acquire more information, and obtain a more comprehensive view of the human body, and its relation to a higher sphere, than from any single book ever published; nay, we may add, than from all the books which have been written (especially in modern times) on physiology, or as it has been lately named, transcendental anatomy. Swedenborg reasons not on any hypothesis, not on any theory, not on any favorite doctrine of a fashionable school, but on the solid principles of geometry, based on the immutable rock of Truth; and he must and will be considered at no distant period the Zoroaster of Europe, and the Prometheus of a new era of reason, however at present the clouds of prejudice may intervene, or the storms of passion obscure the corruscations of his intellect."

Thomasville, Ga., May 1st, 1845.

DR. H. H. SHERWOOD.

Dear Sir—Inasmuch as I recently sent you a summary view of the merits of Swedenborg's *Animal Kingdom*, as taken from a foreign medical periodical, I now send you, in connection therewith, an extract from the work itself—A. K., vol. ii., page 158—in which the principles of motion appertaining to the human organization are explicitly stated, and apparently in direct accordance with those which you are now advocating. Should they meet an approval, please insert them in your *Dissector*, with such comments as you may deem proper.

Respectfully yours, &c.

WM. HUNNEWELL, M. D.

"It is a truth constantly presented to us as the result of all our analytic investigations, that every action of the cerebrum and cerebellum is determined through the fibres; and that the fibres cannot be determined into act, excepting by their beginnings or principles; in short, by the organs that are prefixed to the fibres. The latter must certainly be excited to motion by their principles, and commence and describe their motions in this way. It is absurd to suppose that any action can begin in the middle of a fibre, and

not in its first terminus. If, then, it begin in the first organs, it must inevitably begin in the cortical glands; for the fibres commence, and are conceived and produced, in those glands, and the arterial vessels of the cerebrum terminate also in them. Hence, if the principles of motion exist in them, according to all physical and philosophical laws, as mutually confirmed by and confirming each other, those principles must necessarily commence by a kind of active, living, or locomotive reciprocal force, that is, by a kind of expansion and constriction, or systole and diastole, such as we observe in a gross form in the lungs and heart; for the same conditions are involved, whether the spirit is to be driven through the fibres, or the blood through the vessels. The blood cannot be driven through its arteries without the reciprocal expansion and constriction of the heart; nor can the spirit be driven through the fibres, which are little canals and vessels analogous to the arteries, only more pure, without the reciprocal expansion and constriction of the cortical glands of the cerebrum, which on this account deserve the appellation of pure corcula, or little hearts. Assuming or granting these points, the necessary consequence is, that every time the cortical and cineritious substance of the cerebrum, cerebellum, medulla oblongata, and medulla spinalis, contracts or constricts itself, the whole mass of those parts sinks down, and undergoes systole; but, on the other hand, undergoes diastole, when the same substance, I mean the whole congeries, expands. This is the animation of the cerebrum—using the term cerebrum in its widest acceptance—that corresponds to the respiration of the lungs. We must now proceed a step farther. If the animal or nervous spirit, at the intervals of the constriction of these organic substances—of the little hearts of the cerebrum—is expressed by the cerebrum through the nerves and nervous fibres, of course it is expressed by the cerebellum into its grand sympathetic nerves, the par vagum and the intercostals: and granting this, it follows that these nerves act during the same intervals upon the fibres of the pulmonary plexus, and upon the fibres of the costal nerves; which cannot fail on the instant to act upon their muscles and membranes: nor the latter to act upon the ribs, and this upon the internal structure of the lungs. Hence, it follows that the animations of the cerebrum (using the term here again in its widest sense) must necessarily be coincident with the respiration of the lungs; and the fact is still more plainly declared by the influx of the fibres of the above-mentioned cerebellar nerves, the par vagum, and the intercostal

into all the viscera of the abdomen; and by the motion of those viscera agreeing exactly, and keeping perfect time, with the respiratory motions of the lungs, as proved in detail in our Analysis."—*Animal Kingdom*, vol. ii., pp. 158-9.

Each convolution of the brain or phrenological organ is divided into two equal halves, by a very thin nurilema, on the opposite sides of which the different, or diverging and converging fibres are attached. Swedenborg, a hundred years ago, called the convolutions of the brain, organs, cortical glands, and coreula, or little hearts. He was also familiar with the fact, that motion is produced by the action of two forces. Wonder how many hundred years it will require to beat this knowledge into the heads of the professors of our medical colleges!

*Magnetizing in Lateral Curvatures of the Spine.
Drawn and Engraved from a Daguerreotype.*



In magnetising for lateral curvatures of the spine, we have introduced the chair represented in the engraving. It is a strong common office arm-chair, the upper and back

part of which being sawed off, and the front part cushioned—the right arm resting on one cushion, and the magnetising buttons on the other. A loose cushion is crowded into the space on the right side, and a strong gallon glass bottle placed upon it; when the young lady with a right and left spinal curvature—or having the upper part of the spine curved to the right, and the lower part to the left side—is drawn over the bottle by an assistant, in the manner seen in the figure, and the buttons applied in the usual manner, as described in p. 60, 61.

In this case, it was eight years since the curvature commenced; and there was, as usual, a large white swelling of the right scapula, or shoulder-blade, which drew the spine under it.

On the 23d time we magnetised this patient (May 17, 1845,) the white swelling being greatly reduced, and the atrophied or emaciated muscles on the opposite side much thickened, the spine passed the centre, under the action of the machine, and began to curve to the left side, as seen in the figure.

The most prominent part of the white swelling was of a dark red color, produced by the heavy brass corsets the young lady had long worn, which was consequently shown in the daguerreotype.

We have here presented in the plainest manner, the extraordinary phenomena of the reduction of hypertrophied muscles on one side of the spine, and the thickened atrophied muscles on the other, by the action of the machine alone, directed by a scientific and easy application of the buttons.

GREENLAND.

English antiquarians are pursuing interesting enquiries relative to the original settlement of Greenland and the character of its soil and climate. It was supposed originally to have been connected with our continent but it has been distinctly ascertained that it is separated from the American continent by a wide channel called Davis Straits, and extends beyond 78 degrees of latitude. The most extraordinary fact about Greenland is the wonderful change of climate it has undergone. Barren soils have been reclaimed

by emigration and industry, and cold climates changed into warmer latitudes by clearing the woods and letting in the rays of the sun, but we have no instance on record of settlements originally in warm climates, and fruitful soils becoming in centuries cold, bleak, and barren, and yet such has been the case with Greenland. The country, although now consisting of little else than barren rocks, mountains covered with snow and ice, and vallies filled with glaciers,—although its coast, now lined with flocs of ice, and chequered with icebergs of immense size, was once easily accessible, and its soil was fruitful, and well repaid the cultivator of the earth. This country was discovered by the Scandinavians, towards the close of the tenth century, and a settlement was effected on the eastern coast in the year 982, by a company of adventurers from Iceland, under the command of Eric the Red. Emigrants flocked thither from Iceland and Norway, and the germs of European enterprise and civilization appeared on different parts of the coast. A colony was established in Greenland, and it bade fair to go on and prosper. That the climate must have been mild and the soil fruitful, we gather from the fact that in 1400 there were not less than 190 villages, 12 parishes and 2 monasteries, and for 400 years there was constant and profitable mercantile intercourse with the Danish provinces and Europe, but in 1406 every thing changed—a wall or ice barrier arose along the whole line of coast, and no landing could be effected, and up to the seventeenth century the whole approach to the country was blocked by unsurmountable barriers of ice—vegetation was destroyed and all vestiges of its former inhabitants are gone—parts of houses, churches, &c, remain, but the inhabitants have all perished by cold. One of our cotemporaries in referring to the gloomy subject says:—It would require no very vivid imagination to imagine the appalling sense of destruction, which bleached the features and chilled the hearts of those unhappy colonists when they began to realize their forlorn condition, when the cold rapidly increasing and their harbors became permanently blocked with icebergs, and the genial rays of the sun were obscured by fogs—when the winters became for the first time intensely rigid, cheerless and dreary—when the summers were also cold, and the soil unproductive—when the mountains were no longer crowned with forests, but covered with snow and ice throughout the year, and the vallies filled with glaciers—when the wonted inhabitants of the woods and the waters were destroyed or exiled by the severity of the weather, and their places perhaps supplied by

monsters of a huge and affrightful character.—*The New-York Sun, March 8th, 1845.*

A solution of the mystery of the extraordinary changes of climate, in which the people of Greenland flourished in one period, and became extinct in another, is found in the revolutions of the magnetic poles and lines of no variation and maximum declination. These poles and lines perform a revolution around the earth in 666 years, and produce and mark the lines of the greatest cold, while the lines of maximum declination, 90 degrees east of these lines in the different hemispheres mark the lines of the greatest heat in the different latitudes.

The line of no variation which is now 37 minutes west of Pittsburgh, passed over London in 1657, and over the meridian of the City Hall, New-York, in 1791. The line of maximum declination, which is now 90° 37' west of Pittsburgh, passed over the meridian of that city in 1623, and the one which is now 90° 37' east of Pittsburgh passed over London in 1820. These lines are therefore moving from east to west, and the heat increasing on the east, and decreasing on the west side of the line of no variation.

The cold is consequently increasing in Europe, and the heat increasing in this country, east of Pittsburgh, and from a line drawn on the 1st of January, 1845, from a point 3 degrees, 34 minutes, 55 seconds, east of St. Augustine, Fla., in latitude 29 degrees, 48 minutes, 30 seconds north, and longitude 77 degrees, 54 minutes, 37 seconds west; to a point 7 minutes, and 51 seconds east of Ashtabula, on Lake Erie, in latitude 41 degrees, 52 minutes north, and longitude 80 degrees, 47 minutes, 57 seconds west of London.

These lines are at an angle of 6° 27' 33" with the terrestrial meridians, and the line of maximum declination which passed over London in 1820, is now, or was on the first of January, 1845, 10° 52' 55" west of that meridian, on that parallel of latitude. Its longitude in the arctic circle; (latitude, 66° 32' 27") which passes through the southern part of Greenland, was at the same time 14° 47' 07" west. In latitude 70°, 15° 38' 30"

and in latitude $80^{\circ}, 18' 18'' 57''$ west. On drawing a line on a globe through these latitudes and longitudes, it will be found to pass through the eastern and middle part of Greenland, where the mean heat in that country is now at its maximum, and the following table will show the position of the lines of maximum declination, in every 333 years from the commencement of the Christian era to the year 2178, or during the time the sun is passing through one sign of the Zodiac, and also the situation of the magnetic pole and lines of no variation in every 333 years of the intermediate periods.— $\times$ represents the pole and line of no variation, and $=\times$ the pole and line of maximum declinations.

Christian Era,	0	Obliq. Eclip. $23^{\circ} 45'$	
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	West.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	183	$= 90^{\circ}$	East.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	349 $\frac{1}{2}$	$-\times 180^{\circ}$	
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	516	$=\times 90^{\circ}$	
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	681 $\frac{1}{2}$	$-\times 180^{\circ}$	W.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	848	$=\times 90^{\circ}$	E.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	1013 $\frac{1}{2}$	$-\times 180^{\circ}$	
			1073
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	1180	$-\times 90^{\circ}$	W.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	1345 $\frac{1}{2}$	$-\times 180^{\circ}$	
			1406
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	1512	$= 90^{\circ}$	E.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	1678 $\frac{1}{2}$	$-\times 180^{\circ}$	
			1739
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	1845	$=\times 90^{\circ}$	W.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
	2011 $\frac{1}{2}$	$-\times 180^{\circ}$	W.
	166 $\frac{1}{2}$	$-\times 180^{\circ}$	
333	2178	$=\times 90^{\circ}$	E.

It appears from the above table, that in the year 1013 1-2, the magnetic pole in the arctic circle, was in the same longitude as

the line of maximum declination is in at the present period, and the cold was at its maximum in that latitude. This was 28 years after the first settlement of Greenland by Eric the Red.

It also appears that from the year 1073, when the climate may have become mild and the soil fruitful to the year 1406, when the whole coast was closed by ice barriers, was 333 years. From 1406 to 1739 was 333 years when the ice barriers gave way, and the climate became again mild and the soil began to be fruitful. The first period it will be seen from the positions of the pole and line of maximum declination, was that of heat, in which the colony flourished, and the second that of cold, in which it perished.

The historical evidence relative to the maritime enterprises, and voyages of discovery made by the northmen, at periods corresponding to those of the maximum and minimum temperature of this region from this cause, is highly interesting and corroborative. Thus we find that in the year 1000, but 13 1-2 years prior to the arrival of the pole in the longitude of Greenland, $14^{\circ} 47'$ west.—Lief Ericson, son of Eric the Red, commenced a voyage of discovery to the south, and landed at various places on the eastern shores of this continent, to which he gave the names of Hallu-land, Markland, and Vin-land, supposed to be respectively Newfoundland, Nova Scotia, and the coast of New England, whence he returned with timber and grapes. Two years subsequently, in 1002, Thorwald, brother of Leif, made a voyage to Vinland, or Vine-land, and was killed by the Indians, together with eight of his crew. The survivors lingered until the year 1004 in the vain hope of effecting a settlement, but were so harassed by the natives as to be induced to return to Greenland in the spring of the ensuing year. In the course of the next six or eight years, several other expeditions were attempted, and appear to have been rendered abortive from the same cause. A long interval in the prosecution of this enterprise seems to have then ensued, and it is not until the year

1347, or more than 333 years from the date of the first recorded expedition, that we find it again resumed. At this period, however, the cold in Greenland had again become exceedingly severe, from the arrival of the magnetic pole on the same meridian, although 180 degrees of longitude distant, and on the opposite point of the arctic circle to the one which it had occupied 333 years previous. This return of cold probably furnished the strong impulse of necessity for the new expedition in search of the more genial climate of which record and tradition had preserved memorials; for the cold had become so intense, and the ice had so formidably accumulated, by the year 1406, as to create an insurmountable barrier of ice-bergs along the whole coast, gradually destroy the inhabitants, and leave their 190 villages desolate. The coast thus remained ice-bound, and the country inaccessible to explorers until the year 1739, or about 50 years after the magnetic pole had again passed that meridian, on its westerly quadrature of revolution. It was then that the desolation of the country, and the melancholy relics of its former prosperity were discovered, and a new colony established. In the present year, 1845, the descendants of these new colonists are enjoying the most genial climate of which their latitude admits, the pole being distant 90 degrees to the west, and the line of maximum declination in their midst. Their next cold period will be in the year 2011 1-2, when the pole will be 180 degrees west, coincident with their meridian of longitude as it was in 1345 1-2, but the cold will be less intense than it was in 1678 1-2, when its effects were so destructive and exterminating, because it will then be more distant from them in latitude, by the whole diameter of the arctic circle, or 46° , $56'$; and this truly awful and intollerable epoch of maximum cold, will not return to them until the year 2344 1-2, or 666 years from the year 1678 1-2, when the pole will again be present, in all its horrors.

Similar changes of climate occur in all other latitudes, in the same periods, although in a milder and less remarkable degree, in

proportion as countries approach the equator. In the year 1780, so memorable for the intensity of its winter, the magnetic pole was on the meridian of this city of New York, and being also on the proximate side of the arctic circle, the cold was greater than it had been for the previous 666 years, or than it will be again for the same period to come. The whole bay of New-York was frozen over, so as not only to be traversed by sleighs, but to admit of heavy cannon being taken on the ice down through the Narrows, and across the lower bay to the shore of New Jersey. Since that time the average temperature of our winters has been growing milder, and will continue to do so until the year 1967 1-2, when the magnetic needle in this city will have acquired its maximum westerly declination, or, in other words, when the line of maximum declination will be on this meridian. In the meantime, though very temporarily, our springs may be rendered fickle and chilly in temperature, by the breaking up of the ice, on the northeast coast of Europe, where that line is present on its course to the westward, and by the consequent passage of large fields of ice off our coast, on their way to the southward. Since this line, however, like the line of minimum declination, or no variation, crosses the terrestrial meridians at an angle of 6° $28'$, (nearly) it follows, that countries situated in more southern latitudes, will receive their periodical meliorations and deteriorations of temperature later than those in higher latitudes; and consequently, the winters will be increasing in severity in Florida, Louisiana, Alabama, and all other regions which have now an easterly declination of the needle, while they are diminishing in severity in this and higher latitudes of this continent where the declination is increasing westerly.

In short, the temperature of all countries and climates is absolutely subservient to the following law, however it may have been over-looked by meteorologists and previous writers upon the subject, viz: Where the declination of the magnetic needle is increasing, the average cold is decreasing; and where the declination is decreasing, the average cold is

increasing. In briefer terms, the average temperature increases and decreases with the declination of the magnetic needle.

In Europe, where the westerly declination is decreasing, the cold of winter, as we learn from the unanimous report of the foreign journals, is sensibly increasing, and it will continue to do so, until the eastern half of the great circle of no-variation now in the East Indies, and 9° west of Pekin, shall arrive in Europe, and the declination there is diminished to Zero, preparatory to its becoming easterly.

LORD ROSSE'S TWO GREAT TELESCOPES.

[As the extraordinary telescopes recently constructed by Lord Rosse are beginning to excite popular attention, we extract from an able article in the *British Review*, a full account of what the noble astronomer has accomplished:]

'After the preliminary details respecting the constructions of gigantic telescopes, and the principal discoveries which they have enabled astronomers to make, our readers will be better able to appreciate the genius, the talent, the patience, and the liberality with which an Irish nobleman has constructed telescopes far transcending in magnitude and power all previous instruments, whether they were the result of private wealth, or of royal or national munificence. That nobleman is Lord Oxmantown, now the Earl of Rosse, one of a distinguished group of Irish philosophers, who, educated in the same academical institution, now adorn it with their genius, and sustain it with their labors.—In the records of modern science, there are few brighter names than those of Robinson, Hamilton, Lloyd and Maccullagh, and in the person of the Earl of Rosse and Lord Enniskillen, the aristocracy of Ireland have contributed their contingent to her intellectual chivalry.

If, in an eloquent address to the British Association at Cork, Dr. Robinson has given expression to his delight, "that so high a problem as the construction of a six feet speculum should have been mastered by one of his countrymen—by one whose attainments are an honor to his rank—an example to his equals—and an instance of the perfect compatibility of the highest intellectual pursuits with the most perfect discharge of the duties of domestic and social life:"—we also may indulge in the pleasing recollection that Lord Oxmantown's earliest plans for

improving the reflecting telescope were first given to the world in three communications, which were published in a *Scottish Journal of Science*, and that some of us were the first to recognize their value, and to see looming in the distance that mighty instrument with which we are about to make our readers acquainted.

As the surfaces of all lenses and specula are necessarily of a spherical form, they are subject to what is called spherical aberration, that is the edge both of specula and lenses has a shorter focus than the centre. In lenses this may be diminished or even removed by the opposite aberration of a concave lens; but this remedy cannot be applied to specula. It therefore occurred to Lord Rosse, that the first step towards the improvement of the reflecting telescope, was to diminish the spherical aberration. With this view he formed the speculum of three parts, a central speculum, a ring, inclosing the central speculum, and outer ring. These three portions were cemented together, and ground and polished as one speculum.—They were then combined by an ingenious piece of mechanism, so that the first and second rings could be advanced each a small fraction of an inch, in order that their focus should accurately coincide with the focus of the central speculum. Lord Rosse's first attempt did not succeed to his wishes, owing to a defect in the mechanism, which required frequent adjustments, as the smallest shock displaced the images. He then tried to combine one ring only, 1 inch thick, with a central metal 1 1-2 inches thick, the two together forming a speculum of six inches aperture, and two feet focal length. This combination was more successful, as it "remained in perfect adjustment even after very violent shocks." In these combinations Lord Rosse did not perceive the ill effects which he had apprehended from contraction and expansion; and it remained to be seen, from future trials, if they did appear, whether or not they could be removed. "On my return from Parliament, (June 1828) says Lord Rosse, if other avocations do not interfere, I propose to construct a speculum in three parts of 18 inches aperture, and twelve feet focal length—this will be giving the experiment a fair trial on a large scale." This proposal was accordingly executed, and he found the speculum superior to a solid one of the same dimensions.

In order to grind and polish large specula, Lord Rosse soon perceived that a steam-engine and appropriate machinery were necessary. He accordingly invented a machine of this kind, and transmitted an account of it to the writer of this article, who published

it in the *Edinburgh Journal of Science*, for October, 1828. The engine which his lordship actually constructed and used was one of two horse power, though from some rude trials with it he inferred that a one horse power would be fully sufficient for executing at the same time three or four specula six inches in diameter. For such sizes Lord Rosse conceived that a day would suffice for completing the process, and that a machine on the scale shown in his drawing, 'would be sufficiently large to grind and polish a speculum of three feet diameter, or perhaps larger.' In this interesting communication Lord Rosse suggests what he afterwards accomplished, that the motion for producing a parabolic curve, 'might be imitated by means of the eccentric guides, and the slow circular motion of the speculum, and with this advantage, that, were it found really successful, the same result would probably be always afterwards obtained.'

Before the year 1830, Lord Rosse had made still further advances towards the great object he had in view. He found from many experiments that he could not cast a speculum of the modern dimensions of 15 inches, without reducing the composition considerably below the highest standard, that is without using so much copper as to produce a soft and yellowish metal. All the specula cracked in annealing when the proper composition was employed.

In order to get over this difficulty, he tried to cast the specula in different pieces, and to unite them by their surfaces; but though this was practicable, he abandoned it for the following plan. He found that an alloy of copper 2.75 parts, with 1 of zinc, expanded and contracted with a change of temperature in the same degree as speculum metal, and was an alloy malleable, ductile, and easily worked. With this alloy he cast a speculum 15 inches in diameter, with a rim and ribs behind. It was turned smooth and flat on one side, and tinned. Six pieces of the highest speculum metal, 1 1-4th of an inch thick, were then placed on the flat tinned surface, so as to complete a circular disc 15 inches in diameter, and when soldered to it, composed a plated speculum. When ground and polished, it formed an excellent telescope of twelve feet focal length. Upon the same plan, Lord Rosse constructed a speculum two feet in diameter, for a telescope twenty-six feet long. Hitherto it had been believed by opticians, that a fine polish could not be given to specula, unless when the polisher became dry and hot; but Lord Rosse at this stage of his researches found out a method of polishing a cold metal upon a moist polisher, an object of very great importance, as a

speculum should be polished at the same temperature at which it is to be used.

First Telescope, Twenty-six feet long.

The next step in Lord Rosse's progress was to make a plated speculum, three feet in diameter. The proportions of copper and tin, which he found to be the best, were the definite ones of four atoms of copper to one of tin, or 126.4 parts of copper to 58.9 of tin, or 32 of the one to 14.91 of the other. After preparing the alloy speculum, which was to be plated, and turning it to a radius of 54 feet, Lord Rosse proceeded to cast the small plates of speculum metal, about 9 inches square. In doing this he encountered great difficulties, owing to their extreme brittleness, arising, no doubt, from the too rapid cooling of their edges, and the consequent state of tension. In order to produce uniformity of cooling, he tried two ways of constructing the mould. The first was to make the lower surface of the mould, containing the liquid speculum, absorb the heat rapidly, and the upper retain it; and the second was to cool the lower surface while the heat of the upper surface was undiminished. The first plan did not succeed; but the second did, by making the lower surface of the mould of iron, and the upper of sand; but though the castings were sound, there was this defect, that bubbles of air were entangled between the iron disc and the speculum metal, producing cavities which it was troublesome to grind out. Hence he was led to replace the iron disc, by one made of pieces of hoop iron, placed side by side with their edges up, tightly packed in an iron frame, the surface thus composed of edges, being smoothed to the proper curvature, by filing or turning. By this most ingenious process he constructed a metallic surface every where open, as the closest plates allowed the air to pass freely between them.

'So successful was this expedient,' says Lord Rosse, 'that of sixteen plates cast for the three feet speculum, not one was defective. The following particulars require to be attended to. The disc of hoop iron should be as thick as the speculum to be cast upon it, so as to cool it with sufficient rapidity; it requires to be warm, so that there may be no moisture deposited upon it from the sand. It may be heated to 212 deg. without materially lessening the cooling power. The metal should enter the mould by the side, as is usual in iron founding, but much quicker, almost instantaneously; one second is sufficient for filling the mould of a nine inch plate of speculum. As to the temperature of the metal, this can be best ascertained by stirring it with a wooden pole occasionally,

after it has become perfectly fluid: when the carbon of the pole reduces the oxide on the surface of the metal, rendering it brilliant like quicksilver, the heat is sufficient. When the metal has become solid in the ingate or hole through which it enters the mould, the plate is to be removed quickly to an oven heated a little below redness, to remain till cold, which, where the plates are nine inches in diameter, should be three or four days at least.—[Phil. Trans., 1840, p. 511.]

When the nine inch plates are properly scraped and cleaned, much attention is necessary in soldering them upon the tinned surface of the alloy speculum. Care must be taken that until the tin on the speculum is fused, the melted rosin must not be poured in between the plates.

The great success which attended this new method of casting these nine inch specula, induced Lord Rosse to try it on a large scale, and he accordingly proceeded with one 20 inches, and another three feet, which on the first trial was cast perfect. The crucibles which he employed were made of cast iron, and cast with their mouth upwards; and the fuel used was peat or wood, which are both preferable to coke.

A perfect speculum being thus obtained, the next object to be accomplished is to work it, by grinding and polishing, to a perfect spherical figure. The machine for this purpose, which we have already described, was improved and enlarged so as to work a speculum three feet in diameter, and after several years experience, during which specula have been ground and polished with it many hundred times, it has been found to work large surfaces with a degree of precision unattainable by the hand. The peculiarity in this process, introduced by Lord Rosse, and as we conceive essential to success, is, that the polisher works above and upon the face of the speculum to be polished, and one singular advantage of this arrangement is, that the figure of the speculum can be examined as the operation proceeds, without removing the speculum, which, when a ton weight, is no easy matter. The contrivance for doing this is so beautiful, and has proved so useful that we must briefly explain it. The machine is placed in a room at the bottom of a high tower, in the successive floors of which trap-doors can be opened. A mast is elevated on the top of the tower, so that its summit is about 90 feet above the speculum. A dial plate is attached to the top of the mast, and a small plane speculum and eye-piece, with proper adjustments, are so placed that the combination becomes a Newtonian telescope, and the dial-plate the object.

During the operation of polishing the lar-

ger specula, a variety of difficulties occurred, but they were all surmounted by the ingenuity and patience of Lord Rosse. At first, in order to allow a lateral expansion of the pitch, it appeared necessary to increase the thickness of the bed of pitch as the diameter of the speculum was increased. This proved a failure, and the lateral expansion was provided for by making grooves in the pitch; but these grooves, though there were two sets at right angles to each other, and only two inches distant, were with difficulty kept open, and the other polisher lost its figure. All these evils, however, were removed by furrowing the polisher itself, so as to divide it into definite and insulated portions. The effect of this improvement was so great that the plated or divided three feet speculum defined better with a power of 1200 than it had previously done with a power of 300. In place of pitch, Lord Rosse used, as his polishing surface, a mixture of common resin and turpentine, and this composition was laid on in two strata of different degrees of hardness, the outer one being the harder, the subjacent softer layer expanding laterally, so as to preserve the figure of the polisher. The speculum being placed in a cistern of water, the polishing process is then effected by using peroxide of iron and water, of about the consistence of thin cream.

The last and most important part of the process of working the speculum, is to give it a true parabolic figure, that is, such a figure that each portion of it should reflect the incident ray to the same focus. This grand difficulty has been completely mastered by Lord Rosse. The operations for this purpose consist, 1st, of a stroke of the first eccentric, which carries the polisher along one-third of the diameter of the speculum. 2d. A transverse stroke 21 times slower, and equal to 0.27 of the same diameter, measured on the edge of the tank, or 17 beyond the centre of the polisher. 3d. A rotation of the speculum performed in the same time as 37 of the first strokes; and 4th. A rotation of the polisher in the same direction about sixteen times slower. If these rules are attended to, the machine will give the true parabolic figure to the speculum, whether it be six inches or three feet in diameter. In the three feet speculum, the figure is so true, with the whole aperture, that it is thrown out of the focus by a motion of less than a thirtieth of an inch, "and even with a single lens of one-eighth of an inch focus, giving a power of 2592, the dots on a watch dial are still in some degree defined.

The twenty-six feet telescope thus executed, has a general resemblance to that of Ra-

mage, but the tube, gallery, and vertical axis of the stand are counterpoised. It is used as a Newtonian telescope, with a small plane speculum, to prevent the image being deformed by oblique reflection which is the effect of the front view. When the specula are not used they are preserved from moisture and acid vapors by connecting their boxes with chambers containing quick lime, an arrangement which Dr Robinson had applied for several years to the Armagh reflector.

Discoveries made by the Telescope.

When this telescope was completed, it became an object of high interest to ascertain its performance. In doing this, Dr. Robinson had, as he remarks, "the advantage of the assistance of one of the most celebrated of British astronomers, Sir James Smith;" but the weather, the state of the air, and the light of the moon, between the 29th of October and 8th of November, 1840, were unfavorable. The following is the substance of Dr. Robinson's report:—

'Both specula, the divided and the solid, seem exactly parabolic, there being no sensible difference in the focal adjustment of the eye-piece with the whole aperture of 36 inches, or one of twelve; in the former case there is more flutter, but apparently no difference in the definition, and the eye-piece comes to its place of adjustment very sharply.

'The solid speculum showed a Lyrae round and well defined, with powers up to 1000 inclusive, and at moments even with 1600; but the air was not fit for so high a power on any telescope. Rigel, two hours from the meridian, with 600, was round, the field quite dark, the companion separated by more than a diameter of the star from its light, and so brilliant that it would certainly be visible long before sunset.

'Orion is well defined, with all the powers from 200 to 1000, with the latter a wide black separation between the stars; 32 Orionis and 31 Canis minoris were also well separated.

'It is scarcely possible to preserve the necessary sobriety of language, in speaking of the moon's appearance with this instrument, which discovers a multitude of new objects at every point of its surface. Among these may be named a mountainous tract near Ptolemy, every ridge of which is dotted with extremely minute craters, and two black parallel stripes in the bottom of Aristarchus.'

* Dr. Robinson, in his address to the British Association, on the 24th August, 1843, stated, that in this telescope, a building the size of the one in which they were assembled would, under favorable circumstances, be easily visible on the Lunar surface.—[Athenæum, Sept. 25, p. 837.]

'There could be little doubt of the high illuminating power of such a telescope, yet an example or two may be desirable. Between s1 and s2 Lyrae, there are two faint stars, which Sir J. Herschel (Phil. Trans., 1824) calls 'debilissima,' and which seem to have been at that time the only set visible in the 20 feet reflector. These at the altitude of 180° were visible without an eye-glass, and also when the aperture was contracted to 12 inches. With an aperture of 18 inches, power 600, they and two other stars (seen in Mr. Cooper's achromatic of 13.2 inches aperture, and the Armagh reflector of 15 inches) are easily seen. With the whole aperture, a fifth is visible, which Dr. R. had not before noticed. Nov. 5, strong moonlight.

'In the nebula of Orion, the fifth star of the trapezium is easily seen with either speculum, even when the aperture is contracted to 18 inches. The divided speculum will not show the sixth with the whole aperture, on account of that sort of disintegration of large stars already noticed, but does, in favourable moments, when contracted to 18 inches. With the solid mirror and whole aperture, it stands out conspicuously under all the powers up to 1000, and even with 18 inches it is not likely to be overlooked.

Among the few nebulae examined were 13 Messier, in which the central mass of stars was more distinctly separated, and the stars themselves larger than had been anticipated; the great nebula of Orion and that of Andromeda showed no appearance of resolution, but the small nebula near the latter is clearly resolvable. This is also the case with the ring nebula of Lyra; indeed, Dr. R. thought it was resolved at its minor axis; the fainter nebulous matter which fills it is irregularly distributed, having several stripes or wisps in it, and there are four stars near it, besides the one figured by Sir John Herschel, in his catalogue of nebulae. It is also worthy of notice, that this nebula, instead of that regular outline which he has there given it, is fringed with appendages, branching out into the surrounding space, like those of 13 Messier, (Sir J. H's, 86), and in particular having prolongations brighter than the others, in the direction of the major axis, longer than the ring's breadth. A still greater difference is found in 1 Messier, described by Sir John Herschel, as 'a barely resolvable cluster,' and drawn, fig. 81, as a fine elliptic boundary. This telescope, however, shows the stars, as in his figure 89, and some more plainly, while the general outline, besides being irregular and fringed with appendages, has a deep bifurcation to the south."

* Phil. Trans., 1833, p. 603.

In a Paper entitled 'Observations on some of the Nebulæ,' communicated to the Royal Society on the 13th of June last, Lord Rosse has given sketches of five of the nebulæ in Sir John Herschel's Catalogue,* numbered 88, 81, 26, 29, and 47, as seen in his three feet specula, and as soon as this paper is printed, the comparison of these drawings with Sir John Herschel will exhibit the power of the new telescope.

Fig. 26 of Sir J. Herschel's Catalogue (Messier 27) called the Dumb-bell Nebulæ, from its supposed resemblance to a dumb-bell, is shown by Lord Rosse's telescope to be a cluster of stars, or rather two clusters in close proximity, and, indeed, to a certain extent, blended together, and without the exact elliptical termination of Herschel's figure.

Fig. 81 of Sir J. Herschel's Catalogue (Messier 51) seen as an oval nebula by both these astronomers, is found to be a cluster of stars remarkable for its singular appearance, the ramifications from its southern extremity extending to a distance equal to its major axis, and giving it the appearance of a scorpion.

Fig. 45 of Sir J. Herschel's Catalogue is a perfectly circular planetary nebula: but Lord Rosse has discovered it to be an annular nebula like the elliptical annular nebula in Lyra, (29 Sir J. Herschel's Catalogue, and 57 Messier) but very much more difficult to be seen.

Fig. 49 of Sir J. Herschel's Catalogue is represented as a remarkable round planetary nebula, containing three stars, one at each of the three vertices of an equilateral triangle; Lord Rosse's telescope shows this as a long irregular patch, with about seven stars in it, grouped unsymmetrically.

There are a few interesting examples of the manner in which the new telescope has resolved nebulae into stars, and has destroyed that symmetry of form in globular nebulae, upon which was founded the hypothesis of the gradual condensation of nebulous matter into suns and planets.

The second Telescope, 50 feet long.

Such is a brief account of the construction and performance of a telescope which Dr. Robinson characterizes as the most powerful that has ever been made. Its superiority to all other instruments must have been very gratifying to Lord Rosse, and might have justified him in resting from his labors, and enjoying the honor of having triumphed in so noble an undertaking; but the instrument

was scarcely out of his hands before he resolved upon attempting the construction of another reflector, with a speculum six feet in diameter, and fifty feet long! This magnificent instrument was accordingly undertaken and within the last month has been brought to a successful termination. The speculum has six feet of clear aperture, and therefore an area four times greater than that of the three feet speculum, and it weighs nearly four tons! The focal length is 53 feet. It was polished in six hours, in the same time as a small speculum, and with the same facility; and no particular care was taken in preparing the polisher, as Lord Rosse intended to re-polish it as soon as the focal length was ascertained to be correct; but upon directing it to a nebula, the performance was better than he expected, and he therefore has suffered it to remain in the tube for the present. The second or duplicate speculum, not yet finished, is in every respect the same in size. It was only three weeks in the annealing oven, and is reckoned very good.

The casting of a speculum of nearly four tons must have been an object of great interest, as well as of difficulty; but every difficulty was foreseen and provided against. In order to insure uniformity of metal, the blocks from the first melting, which was effected in three furnaces, were broken up, and the pieces from each of the furnaces were placed in three separate casts, A, B, and C.

Then in charging the crucibles for the final melting of the speculum, successive portions from each A were put into furnaces a, b, and c, from B into b, c, d, and so on.

In order to prevent the metal from bending or changing its form, Lord Rosse has introduced a very ingenious and effective support. The speculum rests upon a surface of twenty seven feet of cast iron, of equal area, and strongly framed so as to be stiff and light. There are twelve of these in the outer rim, nine in the next, and six sectors at the centre. Each of these pieces is supported at the centre of gravity on a hemisphere bearing at the angle of a triangle of cast iron, these triangles being in their turn similarly supported at the angles of three primary triangles, which, again, are supported at their centres of gravity by three screws which work in a strong iron frame, and serve for adjusting the mirrors. This frame carries also levers to give internal support to the speculum, in the same diffused manner. The frame, which contains the speculum, is attached to an immense joint, like that of a pair of compasses moving round a pin, in order to give the transverse motion for following the star in right ascension.

* *Proceedings of the Royal Irish Academy, No. 25, pp. 8, 11, Nov. 9, 1840.*

This pin is fixed to the centre piece between two trunnions, like those of an enormous mortar, lying east and west, and upon which the telescope has its motion in altitude. To the frame there is fastened a large cubical wooden box, about eight feet a side, in which there is a door through which two men go in to remove, or to replace the cover of the mirror. To this box, is fastened the tube, which is made of deal staves, hooped like a huge cask. It is about 40 feet long, and 8 feet diameter in the middle, and is furnished with internal diaphragms, about 6 1-2 feet in aperture. The Dean of Ely walked through the tube with an umbrella up!

In looking back upon what the telescope had accomplished—in reckoning the thousands of celestial bodies which have been detected and surveyed—in reflecting on the vast depths of ether which have been sounded, and on the extensive fields of sidereal matter out of which worlds and systems of worlds are forming and to be formed—can we doubt it to be the Divine plan that man shall yet discover the whole scheme of the visible universe, and that it is his individual duty, as well as the high prerogative of his order, to expound its mysteries, and to develop its laws? Over the invisible world he has received no commission to reign, and into its secrets he has no authority to pry. It is over the material and the visible he has to sway the intellectual sceptre—it is among the structures of organic and inorganic life that his functions of combination and analysis are to be chiefly exercised. Nor is this a task unworthy of his genius, or unconnected with his destiny. Placed upon a globe already formed, and constituting part of a system already complete, he can scarcely trace either in the solid masses around him, or in the forms and movements of the planet, any of the secondary causes by which these bodies have been shaped and launched on their journey. But in the distant heavens where creation seems to be ever active, where vast distance gives us the vision of huge magnitudes, and where extended operations are actually going on, we may study the cosmogony of our own system, and mark, even during the brief span of human life, the formation of a planet in the consolidation of the nebulous mass which surrounds it.

Such is the knowledge which man has yet to acquire—such the lesson which he has to teach his species. How much to be prized is the intellectual faculty by which such a work is to be performed—how wonderful the process by which the human brain, in its casket of bone, can alone establish such remote and transcendental truths.

A soul so capacious, and ordained for such an enterprise, cannot be otherwise than immortal.

But even when all these mysteries shall be revealed, the mind will still wrestle with eager curiosity to learn the final destiny of such glorious creations. The past and the present furnish some grounds of anticipation. Revelation throws in some slight touches of its light—but it is in the indications of science chiefly—in the results of mechanical laws—that we are likely to find any sure elements for our judgment. In the creation around and near us all is change and decomposition. This solid globe, once incandescent and scarcely cooled, has been the theatre of recurring convulsions, by which every thing has been destroyed, and after which every thing has been renewed. Animal life in its varied organizations has perished, and written its epitaph upon imperishable monuments. Man too, though never extinct as a race, returns one by one to his clay, and his intellectual functions are perpetuated in the re-production of his fellow. In the solar system we see fragments of planets—asteroids, as they have been called—occupying in almost interlacing orbits, the place of a larger body; and in the direction and amount of the annual and diurnal motions of the primary and secondary planets we recognise the result of a grand creative movement, by which the sun, with its widely extended atmosphere, or a revolving atmosphere itself, has cast off, by successive throes, the various bodies of the system, at first circling in gaseous zones, but subsequently contracted into planets and a sun.

This system, so wonderfully formed, is again enchained with another more distant by an assemblage of comets—a class of bodies which doubtless carry on some reciprocal intercourse for the benefit of both. Composed of nebulous matter, they may yet be consolidated into habitable globes; and resembling in aspect the vast nebulae which fill the sidereal spaces, and forming a part of our own system, they countenance the theory, that the nebulae which the telescope cannot resolve may be the pabulum out of which heat and motion are to form new systems, where planets, thrown off from a central nucleus, will form new abodes of life and intelligence.

But while all the phenomena in the heavens indicate a law or progressive creation, in which revolving matter is distributed into suns and planets, there are indications in our own system, that a period has been assigned for its duration, which, sooner or later, it must reach. The medium which fills universal space—whether it be a lumiferous

ether, or arise from the indefinite expansion of planetary atmosphere—must retard the bodies which move in it, even though it were 360,000 millions of times more rare than atmospheric air; and, with its time of revolution gradually shortening, the satellite must return to its planet, the planet to its sun, and the sun to its primeval nebula.

The fate of our system, thus deduced from mechanical laws, must be the fate of all others. Motion cannot be perpetuated in a resisting medium; and where there exists disturbed forces, there must be primarily derangement, and ultimately ruin. From the great central mass, heat may again be summoned to exhale nebulous matter—chemical forces may again produce motion, and motion may again generate systems: but, as in the recurring catastrophes which have desolated our earth, the great First Cause must preside at the dawn of each cosmical cycle—and, as in the animal races which were successively reproduced, new celestial creations, of a nobler form of beauty, and of a higher order of permanence, may yet appear in the sidereal universe. ‘Behold, I create new heavens, and a new earth, and the former shall not be remembered.’ ‘The new heavens and the new earth shall remain before me.’ Let us look, then, according to this promise, for ‘the new heavens, and the new earth, wherein dwelleth righteousness.’

MAGNETIC SLEEP.

(Continued from page 106.)

LIGHT AND IMAGES OF THE DEGREES.

In the first degree and first state of magnetic sleep, the light is a pale blue.*

In the second degree and second state, the light is a little stronger, and a little deeper blue.

In the third degree and third state, these sleepers are fully under magnetic influence, and the light a clear sky blue. They see objects in a straight or direct line, through the magnetic medium in space, but not comprehensively, or inclosing various objects as in the natural state.

In the fourth degree and fourth state, the light is stronger, and extends farther than in the lower degrees. Persons with moral organs largely developed, are disposed to see immaterial or spiritual objects in this degree.

They change from the natural to higher states, as they enter in, and advance in the degrees.

In the fifth degree and fifth state, the light is still more intense, and clairvoyants less inclined to view or take cognizance of natural, external or material subjects, but disposed to remain in this exalted state.

In the sixth degree and sixth state, the *tendency* of going into it is instant death, and should be most cautiously avoided.

Galvanic Rings.—A knowledge of the remedial effects of magnetized rings, in persons who are very susceptible to magnetic or mesmeric influence, has excited the cupidity of adventurers, who are inundating the country with “Galvanic Rings”—so called, under the patronage of the professors of medical colleges.

These rings are made of zinc and copper, and zinc and copper gilded, plated or silvered. Such rings cannot, however, be galvanized or magnetized so as to retain or maintain polarity; and are, consequently, of no value as remedial agents. They serve, however, as a badge to distinguish the weak, ignorant and credulous from the rest of the community.

Magnetized Rings.—These rings should be made of steel wire, plated with gold, silver, tin, copper, or brass. When finished, they should be magnetized, one at a time, by placing a ring flat on one of the poles of a strong magnet, and then pressing on, and at the same time drawing it entirely off of the magnet with a quick motion. The ring will then have two poles, which will affect the compass or variation-needle; one of which should be worn on a finger of the right, and another of the left hand.

Gold rings made in this manner have a real value, as their influence on children and adults affected with *tubercula*, and at the same time very susceptible to magnetic or mesmeric influence, is very salutary, as shown by a trial of their effects in a great number and variety of cases during the last three years, and they will last a life-time. They have, however, little or no effect upon those who are insusceptible to these influences.

These rings are manufactured by J. & R. ELKINS, Jewellers, 60, Reade Street, near Broadway.

MEDICAL DUODYNAMIOS.

The symptoms we have introduced to distinguish chronic tubercula or chronic disease of the serous surfaces, are always present in acute diseases of these surfaces, and depend entirely upon the action of two forces, or upon the duodynamic or moving powers of the system. They are founded upon the fact that these forces act in unison in health, but are interrupted in disease—the signs of which are distinguished with facility and certainty, without any previous knowledge of the case.

The absence of these symptoms, and the presence of disease in the organs, limbs, or other structures, determine, with the same facility and certainty, disease of the mucous surfaces, acute or chronic.

The duodynamic treatment we have introduced, is founded on the fact that motion is interrupted or lost in some part of the body, organs, or limbs, and cures the disease in restoring the interrupted or lost motions, by the action of two forces, emanating from different kinds of matter, and acting on the same, or different surfaces of the body, organs or limbs. These symptoms are prominent and uniform in their character, and reduce and bind down the classification of diseases to the narrow limits of *acute* and *chronic* diseases of the *serous*, and of the *mucous* surfaces, or to four classes, orders, genera, and species, and the duodynamic treatment of diseases which we long since adopted, supports and sustains this classification in the most steady and successful manner, and presents a strong contrast with the old never ending classification and ever varying symptoms and treatment.

The posterior spinal nerves are connected with and terminate in the serous membranes or serous surfaces of the body, organs, and limbs, including those of the skin and fasciæ of the muscles, &c., and are the media of sensation: while the anterior motor nerves are connected with and terminate in the mucous membranes, or mucous surfaces, including those of the fasciæ of the muscles, the bronchia and the alimentary canal, and are the media, only, of the forces which produce motion.

These different arrangements of the nerves of motion and those of sensation account for the absence of the magnetic symptoms in disease of the mucous surfaces. Insensibility in these surfaces is as necessary to the maintenance of animal life, as sensibility is in the serous surfaces. The most intense inflammation of the mucous surfaces produce no pain. There is never any pain in these cases without an extension of the disease to

the serous surfaces; yet our modern medical writers continue to repeat the tales of their grandfathers about the great and wonderful sensibility of the mucous surfaces.*

Acute or inflammatory diseases run through their course in a few days, or a few weeks: while chronic diseases continue not only many months, but many years. The excitement of the system in the first is exalted and continuous, or has brief remission or intermissions, while in the last it is depressed and periodical or accidental, with long periods of repose of many weeks or months, and is consequently as different as darkness is from light; yet the modern astrologers of the schools, like their ancient masters who were priests, physicians and astronomers, class them all as inflammations of the different degrees, and treat them as such. Our modern astrologers also follow their ancient masters in pretending to distinguish these diseases by feeling the pulse, the aspects of the tongue and urine, and the color and odor of the stools, &c.

There is however nothing more uncertain than these signs or symptoms, unless it is the treatment founded upon them, as is well known to our faculty; yet they are taught as a science with all the gravity due to these subjects, involving life or death. On the contrary there is nothing more certain than the magnetic symptoms, or the duodynamic treatment founded on them, in the absence of accidents not under the control of the physician; yet such is the attachment of men to old systems—the old astrological symptoms and treatment will continue to be taught by the professors in our medical colleges as long as they are of any value in their market.

Acute and chronic tubercula, or inflammatory and chronic diseases of the serous membranes, or serous surfaces of the body, organs or limbs: including the skin and fascia of the muscles, is easily and invariably distinguished by pain more or less severe (in proportion to the intensity of the disease) produced by pressure on the ganglions of the spinal nerves, in the intervertebral spaces along each side of the spine, without any previous knowledge of the case—no matter what name may have been given to the disease by physicians, nosologists, or other medical writers.

* We commenced a series of experiments with the magnetic machine about a year since, for the purpose of ascertaining whether the least susceptibility could be detected in the great mucous surfaces, and the result showed that no sensation whatever could be felt from the brass cylinder in contact with these surfaces, under the action of our most powerful machines, while the sensation from the button in contact with the skin or serous surface, was so intense that it would only be borne momentarily.

Ganglions of the spinal nerves in the intervertebral spaces.

There are 7 cervical vertebrae, C; 12 dorsal, D; and 5 lumbar, L; these vertebrae with the os-coxix, m; constitute the spinal column.

Press on the sides of the 1, cervical vertebrae to find symptoms of tubercula of the head—of the brain, throat, nose, eyes, or ears.

Press on the sides of the 2, 3, 4, 5, 6 and 7 cervical to find tubercula of the muscles, (Rheumatism) or of the vertebrae, or of the joints of the limbs—white swellings, &c.

Press on the sides of the intervertebral space between the 7 cervical, and 1 dorsal, to find tubercula of the lungs, and

Press on the left side of the same space to find tubercula of the heart.

Press on the space between the 1 and 2 dorsal vertebrae to find tubercula of the stomach.

Press on the space between the 2 and 3 dorsal to find tubercula of the duodenum.

Press on the right side of the space between the 7 and 8 dorsal to find tubercula of the liver.

Press on the spaces between the 11 and 12 dorsal to find tubercula of the small intestines.

Press on the spaces between the 12 dorsal and first lumbar to find tubercula of the kidneys.

Press on the spaces between the 1 and 4 lumbar to find tubercula of the uterus.

Press on the spaces between the 4 lumbar

and os-coxix to find tubercula of the genital organs.

We always press with the thumb of the right hand on the intervertebral spaces of the left side of the spine, and with that of the left hand on the intervertebral spaces of the right side.

These directions will enable any person of common sense to distinguish tubercular disease with facility and certainty, without even the aid of a physician. Negative matter, as the acids and the metals should be the principal ingredients in the preparations of medicine for disease of the serous surfaces, and should be used in connection with the action of the rotary magnetic machine.

Diseases of the Mucous Surfaces.

Acute and Chronic diseases of the mucous surfaces are invariably distinguished by the presence of disease of the body, organs or limbs, and the absence of the magnetic symptoms; and require for their reduction a treatment entirely different from that of tubercular disease of the serous surfaces. Positive matter, as the alkalies and the gums, should be the chief ingredients in the preparations of medicine for diseases of the mucous surfaces, and should be used in connection with the action of the rotary magnetic machine.

(For the Dissector.)

"ELECTRICAL PILLS," &c.

Dear Sir :—I have thought it might subserve the cause of justice, if I were to give you some account of a man, who has been travelling through the New England States, for a year or two past, selling what he calls "Electrical Pills," "Magnetic Ether," and "Galvanic Plaster." That these pretended "Electrical Pills," are sold on the credit of your remedies, there can be no doubt, and hence it would seem to be time for the public to be duly informed of the base imposition played upon them in the sale of these worthless drugs.

The man who sells them is in the practice of lecturing on what he calls the "Philosophy of Mesmerism Discovered." He has a subject whom he puts to sleep for examining disease; and, of course, in every case examined, his oracle recommends the invalid to take the "electrical pills," or the "magnetic ether," or, to wear the "Galvanic Plaster." Hundreds and thousands, I have no doubt, have been duped in this way, as B——(for this is the man's name,) stated in Provincetown, Mass., a few weeks since, that he had made over \$1800 during the last six months.

Having stated that this man's name is B——, I should add, that this is not the name by which he announces himself to the public, at the present time. He was apprehended for theft in the city of New-York, some years since, and gave his name as H. H. B.——; and a few years after he was exposed in the Boston Recorder, as an infamous impostor, under the name of J. B. D. He was expelled from Phillip's Academy, Andover, and again from the Bangor Seminary; and has been found guilty of forging letters, and other disgraceful crimes, which render him unworthy of public confidence. And yet, this man is ever and anon announcing himself in the public papers, as "*Dr. J. B. D.*"!! As he will probably visit the South and West, it would seem to be important that the public should be made acquainted with his character; and hence the above is submitted for your columns.

JUSTITIA.

May, 1845.

We are acquainted with the correspondent, who has sent us the above exposure of a very gross case of imposition, and we are well informed, both by observation and frequent transmitted intelligence, that it forms but one of many, of a very similar character which are practised in almost every part of the country, including this city, and Philadelphia. The real and indisputable effects of metallic, medicinal, and animal magnetism, are so truly remarkable and are exciting so much attention throughout our wide spread population that mercenary impostors, without the least regard to conscience or character, are taking advantage of it in a thousand ways, throwing deplorable obstacles in the progress of a science so important to humanity, if not inflicting more direct injury upon the community.

IMPORTANT PROPOSAL.

The acknowledged importance of Magnetism and Phrenology, as physical and psychological sciences; the profound and fervent interest which they are exciting and maintaining in every section of this extensive country; and their manifest liability to ignorant desecration and mercenary charlatanism, forcibly appeal to all who desire the advancement of knowledge, to adopt some

means by which these comprehensive sciences may be propagated with more systematic efficiency and greater security from perversion. To this end the undersigned have deemed it important, if not indeed essential, that a central society, for the rigid investigation of the facts and inferences which these subjects involve, should be established in this metropolis, with the view of affording authentic information concerning them to the public in general, and to induce the formation of kindred associations, in fraternal alliance, in the principal cities and towns of the country.

Aiming at nothing but fair and honest inquiry, and the extension of useful knowledge for the benefit of mankind, they earnestly invite the many scientific and philanthropic individuals around them, who already concur in this object, to co-operate with them in forming the society here respectfully suggested. Ample intelligence and talent could readily be contributed for this purpose, without any serious sacrifice of time, or any hazard of reputation; while sciences, confessedly the most interesting and elevated of any now in active progress, would be rescued from the incompetent dissemination which now stamps them with but an equivocal authority and character.

Communications upon the subject, post paid, will be cheerfully received and published in the Journals, of which the undersigned are the editors.

H. H. SHERWOOD, M. D.

Editor of *N. Y. Dissector*.

O. S. FOWLER, A. B.

Editor *N. Y. Phrenological Journal*.

MAGNETIC MISCELLANY.

EYES—*acute and chronic diseases of.* The forces from the magnetic machine combine to reduce acute and chronic diseases of the eyes, and to remove opacities of the cornea, in the most extraordinary manner. These interesting and important results furnish the best materials for the most withering comments on the absurd theories and practice of the schools.

ALOPACIA—*loss of hair, baldness.* The effects of the magnetic forces in producing the most rank vegetation from the earth, suggested their employment in the production of a luxuriant vegetation from the skin, which has been found perfectly successful.

Among the cases in which magnetic machines have been used for this purpose, is that of a gentleman who having lost every hair from his head, commenced magnetising it with one of our vibrating instruments in February last, and, on the first of June, had already cut two heavy crops of hair from his head!

APOPLEXY.—The magnetic machine reduces the apoplectic state in a more safe and powerful manner, than any other means that has been heretofore adopted.

ULCERATED LEGS AND VARICOSE VEINS.—Nothing can be compared to the action of the magnetic machine in these cases, or in acute or chronic diseases of the skin.

PROLAPSUS UTERI.—*atonic.* These cases from feebleness or debility are quickly restored by the action of the instrument or by the mesmeriser. In cases, however, which are the consequence of tubercular disease of the uterus, the remedies for chronic tubercula are required to aid the action of the instrument.

MAGNETIC SLEEP. There are now a great many persons who have gone into the magnetic sleep, under a very slight but steady action of the magnetic machine, some of whom have been clairvoyant. These facts, with the increased susceptibility to mesmeric influence by the action of the instrument, are strong evidences of the identity of the influences from these different sources.

Homœopathy.

The homœopathic practice is everywhere increasing in favor with the people, and many alopatic physicians have consequently found it necessary to adopt it, or lose their practice in many of the most intelligent and wealthy families.

In 1857 there was only four homœopathic physicians in this city, and there is

now more than forty, and their number has increased in the other cities of the Union in about the same proportion to the population.

It is the extraordinary effects of homœopathic or magnetised medicines upon children and upon adults who are very susceptible to magnetic or mesmeric influence that maintain the high character of these remedies. They have, however, little or no effect upon those who are naturally insusceptible to these influences.

Animal Magnetism.

It is now only about nine years since the subject and practice of animal magnetism was first introduced into this country, and although it has everywhere met with great opposition in its progress from the bigoted and the ignorant, a practical knowledge of it has extended more or less into all the States of the Union; and its extraordinary and beneficial effects are everywhere acknowledged.

MAGNETIC MACHINES.

The magnetic machines first used in medical practice, although very superior to the old electrical apparatus, were naturally very defective and strikingly inferior, both in construction and effect; to those of the improved rotary and vibratory principle which greater knowledge and experience have at length produced. The former were not only comparatively clumsy and unmanageable, but liable to such derangement as to be frequently wholly inoperative except in the hands of persons accustomed to their defects, and skilful in repairing them. Notwithstanding this, we find that these obsolete contrivances, with miserable imitations of our machines, are still imposed upon persons ordering magnetic machines, through druggists and other indirect agents, as those of the latest and best construction. The natural consequence is that, from perplexing difficulties almost inseparable from the use of them, and the failures in beneficial effect which thence ensue, the influence itself, however inestimable, becomes disparaged in the estimation of medical men who have had no better means of testing its value, and

still more so in private practice. This is much to be regretted, as well for the sake of science, as the victims of disease who might otherwise have been relieved and restored. The most improved and best instruments, can be applied with ease and certainty, without any other instruction than is afforded in the *Manual* which accompanies them, by any person of the most ordinary capacity, and in a wide range of cases. The others are constantly liable to complete failure, even in the hands of the most patient professional men, on whom they may be either carelessly and ignorantly, or designedly and selfishly imposed.

Mr. J. G——of Penn Yann, N. Y., reports the following case which recently came under his observation.

Mrs. A. C. Randall living near the village of Penn Yan, N. Y., had been deranged nearly one year; during which time she was incapable of taking care of herself. She was attended by three or four physicians, without any favorable results. Her husband made application to me to mesmerize her—but instead of doing so, I mesmerized a young lady, who in the clairvoyant state, examined Mrs. Randall. Her report was, "That the brain was diseased — that it had become inflamed in consequence of taking cold, together with some other irregularities of the system. To mesmerize the deranged person, would have a tendency to spread the disease through the system."

Her prescription was, to put a seton in the back part of the neck, saying that the disease would run off by this means, and the brain would resume its healthy functions. This was done—the seton was kept in about two months, during which time the patient improved; at the end of the second month, her reason was restored—she was cured. This was about two months ago. She is now in good health, and perfectly sane.

J. G.

Penn Yan, N. Y., April 5, 1845.

Newark, N. J., June 2nd, 1845.

DR. SHERWOOD, Sir:

A few weeks since I was called to a Mrs. B. of this city, who had been for two months under regular treatment for fever: a few days before I was called, she aborted,

and excessive hemorrhage, and inflammation of the womb ensued. Before the miscarriage, she had lost the use of the lower limbs and was helpless. In this condition her physician left her, and sent word to the family that they might employ whom they pleased. I was called upon, but regarded the case as a hopeless one. The symptoms were aggravated and discouraging. After some simple applications for allaying the inflammation and hemorrhage of the womb, I resorted to the magnetic instruments, and although, she had not slept for nights, and the cerebral derangement was bordering on delirium; yet under its influence she soon fell into a refreshing sleep, and convalescence commenced from that hour. She is now getting about the house, and looks more healthy, than for many months previous.

On the 8th of May, I was called on to visit Mrs. G. an elderly lady, under an attack of pleurisy. It was a clear case. She said she had been subject to it for years, and had always been confined to her room from four to six weeks. Two applications of the instrument reduced the symptoms, and on the 12th she was about her house. They were perfectly astonished at the result of the treatment.

About the same time I was called to see Master L., ten years of age with inflammatory rheumatism. He was perfectly helpless; not a finger could be moved without causing him to scream. In one week he was entirely relieved, by the machine. I am satisfied of the value of the instrument in both acute and chronic diseases.

In haste, I am as ever yours,

L. D. FLEMING.

ANTIQUITY OF AMERICA.

A person writing to the Paris Academy of Sciences, from Brazil, says he has observed in one of the numerous calcareous caverns in that country a quantity of human bones near those of different species of animals, some of which are now extinct. He concludes from this fact that it is erroneous to regard the South American race as a variety of the Mongolian race, who are supposed to have peopled what is called the New World, by emigration. The geological constitution of America shows, he says, that it is anterior to what we call the old continent, and the Mongolian race is but a branch of the American race, instead of being the primitive root.

CLAIRVOYANCE.

We were requested to see a clairvoyant, at Professor Roger's rooms, 95 Chamber-street, on the 23d of June inst., in the person of a little girl aged nine years, who it was reported, could read with facility while in the mesmeric state. We went prepared to secure her eyes with adhesive plaster, and after having placed one securely over each eye, presented her with a book, which she handled in the same manner, and read in various places, with apparently the same ease as in the natural state.

Such feats have been frequently performed by clairvoyants of private families in this city.

SWEDENBORG'S ANIMAL KINGDOM.

Introductory Remarks by the Translator.

JAMES JOHN GARTH WILKINSON,
Member of the Royal College of Surgeons,
of London.

It will be the aim of the following remarks to give a general view of the doctrines of the "Animal Kingdom," and of their relation to the past, present and future state of science; and in so doing, to address those chiefly who are acquainted with the theological writings of Swedenborg, as forming the class by whom, at present, the work is most likely to be read, and to whom it may be the most useful and satisfactory.

The evolution of the natural sciences amounts to the creation of a new sphere in the human mind; and since this development has not taken place under the auspices of theology, but either in direct or tacit opposition to the prevailing church; since it proceeds from without, and proposes knowledge and intelligence as ends distinct from spiritual life; therefore it constitutes a sphere which is not in unison with the current doctrines of religion, but from the beginning has menaced their subversion; and which, unless reduced to order, is opposed, however true its materials in themselves may be, to the understanding of all genuine truth. It was a perception of this character in science, and also of the fact that the universal human mind was becoming immersed in scientifics, that impelled Swedenborg to enter the field of nature, for the pur-

pose of demonstrating in it an order corresponding to the order of heaven, and thereby of making it a medium to spiritual and sacred truths. This was his paramount end in the construction of the "Animal Kingdom."

The system therein propounded rests upon the foundation of experience; namely, of such experience as the learned world had accumulated at Swedenborg's time; not indeed upon the particular experience strictly and proximately belonging to any one science; for such experience would be inadequate, in the present imperfect state of our insight, to suggest the universal truths that each science involves; but upon the general experience of all ages in all the sciences. This, it is to be presumed, was Swedenborg's meaning, when he likened himself to one of the racers of olden time, who before he could merit the crown, was commanded to run seven times round the goal; and again, when he declared that we must be instructed by all things of one thing, if we are to know that one thing thoroughly. As his theory is not derived from particular experience, so it cannot finally be either confirmed or denied by any isolated fact or facts. For it is a conclusion from the order and tenor of facts universally; in a word, from an integral survey of nature. Unless this be borne in mind, the very largeness of the field from which his inductions are drawn, and the very strictness of mind which caused him to test them through all the sciences, will only make them seem the more like baseless hypotheses. In this case the analytic process may easily be mistaken for the synthetic, and Swedenborg may be charged with committing the error which he begins his work by denouncing in others.

Swedenborg announced the starting-point of his method in the first lines of his first chapter; namely, that "the use or effect which produces the end must be the first point of analytic enquiry." First comes the question of fact or result; next, the reasoning upon it. Unless we reason from uses, what chart have we in the exploration of structures? To illustrate this, let it be supposed that a complicated tissue—for instance, the skin—presents us with three undoubted effects, say of absorption and excretion; from these effects we infer the existence of a threefold organism to produce them; for effects imply causes, and functions forces, motions, accidents, &c., are predicates and unvarying signs of substances. Having proceeded so far, we have then to distribute the effects to their proper organic causes in the tissue; and thus effects furnish the rule for the first analysis of a structure.

In many instances indeed it will be impossible to trace effects to visible organic causes, in which case the mental sight must take up the operation, and continue and complete it, and this, by the assistance of the several instruments and appliances which are now to be mentioned.

It is impossible to understand either the Word or the works of God without doctrines, which in both cases require to be formed by "one who is enlightened."* The doctrines made use of by Swedenborg in the "Animal Kingdom," are the Doctrines of Forms, of Order and Degrees, of Series and Society, of Influx, of Correspondence and Representation, and of Modification. These doctrines themselves are truths arrived at by analysis, proceeding on the basis of general experience; in short, they are so many formulas resulting from the evolution of the sciences. They are perpetually illustrated and elucidated in the "Animal Kingdom," but never stated by Swedenborg in the form of pure science, perhaps because it would have been contrary to the analytic method to have so stated them, before the reader had been carried up through the legitimate stages, beginning from experience, or the lowest sphere. Each effect is put through all these doctrines, in order that it may disclose the causes that enter it in succession, that it may refer itself to its roots and be raised to its powers, and be seen in connexion, contiguity, continuity, and analogy with all other things in the same universe.† They may be compared to so many special organs, which analyse things apparently homogeneous into a number of distinct constituent principles, and distribute each for use as the whole requires. To deny any of these doctrines, or to give them up in the presence of facts that do not range upon them at first sight, is to nullify human mind as the interpreter of nature.

The Doctrine of Forms teaches that "the forms of all things, like their essences and substances, ascend in order and by degrees from the lowest to the highest. The lowest form is the angular, or as it is also called, the terrestrial and corporeal. The second and next higher form is the circular, which is also called the perpetual-angular, because the circumference of the circle involves neither angle nor rectilinear plane, being a perpetual angle and a perpetual plane; this form is at once the parent and measure of angular forms. The form above this is the spiral, which is the parent and measure of circular forms, as the circular, of angular forms. Its radii or diameters are not rectili-

near, nor do they converge to a fixed centre like those of the circle; but they are variously circular, and have a spherical surface for a centre; wherefore the spiral is also called the perpetual circular. This form never exists or subsists without poles, and axis, foci, a greatest circle, and lesser circles, its diameters; and as it again assumes a perpetuity which is wanting in the circular form, namely, in respect of diameters and centres, so it breathes a natural spontaneousness in its motion. There are other still higher forms, as the perpetual-spiral, properly the vortical; the perpetual-vortical, properly the celestial;* and a highest, the perpetual-celestial, which is spiritual, and in which there is nothing but what is everlasting and infinite." There is then a scale of forms, whereof the higher are relatively more universal, more perfect, and more potent than the lower. The lower again involve the higher and the highest, and are generated by them: so that where there is an angular body, there is a circular form and force intimately present as its ground; where there is a circle, it is the limit of an interior spiral; and so forth. For nature operates from the very principles of geometry and mechanics, and converts them all to actuality and use. The purer substances in creation gyrate through the higher forms; the less pure circulate through the lower, or are fixed in the lowest. All the essentials of the angular form are opposed to each other, whence the origin of gravitating and inert matter, intrinsically unfitted for motion. But the other forms, according to their eminence, are more and more accommodated to motion and variation,

The Doctrine of Order teaches that those things which are superior in situation, are also superior in forces, in power, in dignity of office, and in use; and that a similar law determines the situation of the parts of things, and of the parts of parts. Corresponding to the highest or first of the series of subordination, is the central or innermost of the series of co-ordination.

The Doctrine of Degrees teaches the distinct progressions through which nature passes when one thing is subordinated to, and co-ordinated with another. There are three discriminated degrees in all things, both natural and spiritual, corresponding to end, cause, and effect. In the human body there is a sphere of ends, a sphere of causes, and a sphere of effects. The body itself, comprehending the viscera of the abdomen and chest, and the external sensoria of the

* *Arcana Coelestia*, n. 10562.

† By a universe, Swedenborg appears to mean any complete series as referable to its unities.

* Swedenborg here uses the term celestial, not in the sense which is peculiar to it in his theological writings, but more with the meaning attached to it in the phrase, "celestial globe," as pertaining to the form of the universe.

head, is the sphere of effects; the brain, and the whole of its appendages, are the sphere of causes; the cortical substances of the brain are the sphere of ends or principles. These spheres are subordinated to each other in just series from the highest to the lowest. The highest degree or sphere is active, the lowest is passive and re-active. The above degrees, in their order, indicate the progression from universals and singulars to generals or compounds. But every organ again involves the same triplicity of spheres; it consists of least parts, which are congregated into larger, and these into largest. All perfections ascend and descend according to degrees, and all attributes, functions, forces, modes, in a word, all accidents, follow their substances, and are similarly discriminated. Each degree is enveloped with its common covering, and communicates with those below it thereby.

There is no continuous progression from a lower degree to a higher, but the unity of the lower is the compound of the higher, and in transcending that unity, we leap out of one series into another, in which all the predicates of force, form, perfection, &c., are changed and exalted. The Doctrine of Degrees enables us to obtain a distinct idea of the general principles of creation, and to observe the unity of plan that reigns throughout any given organic subject; and by shewing that all things are distinct representations of end, cause, and effect, it empowers the mind to refer variety to unity, as the effect to the cause, and the cause to the end, and to recognize the whole constitution of each series as homogeneous with its principles.

Series is the form under which the co-ordination and subordination of things, according to order and degrees, ultimately present themselves. The whole body is a series, which may be looked at either generally, from above to below, as comprising the head, the chest, and the abdomen; or universally, from within to without, as divisible into the three spheres already alluded to. All the organs of each region are a series; each organ in itself is a series; and every part in each organ likewise. In short, everything is a series and in a series. There are both successive and simultaneous series, but the latter always arise from the former. Essences, attributes, accidents, and qualities follow their substances in their series. Every series has its own first substance, which is more or less universal according as the series is more or less general. This first substance is its simple, unity, or least form, governing in the entire series, and by its gradual composition forming the whole. Each series has its limits, and ranges only

from its minimum to its maximum. What ever transcends those limits at either end, becomes part of another series. The compounds of all series represent their simples, and shew their form, nature, and mode of action. The Doctrine of Series and Society teaches that contiguity and continuity of structure, are indicative of relationship of function, and that what goes on in one part of a series, goes on also, with a determinable variety, in all the other parts: wherefore each organ is to be judged of, and analysed, by all the others that are above and around it. In this manner, the whole series is the means of shewing the function of each part of itself, and indeed of analysing that function into a series similar to that of the whole; for the least in every series must represent an idea of its universe. Under the operation of this law, the point becomes a world analogous to the great world, but infinitely more perfect, potent, and universal.

Such is a very brief illustration of the Doctrines of Order and Degrees, Series and Society, from which it will be evident how closely connected these doctrines are, and that they can hardly be stated without our seeming to repeat of one what has already been predicated of the others. Degrees appear to involve the distinct progressions of creation from above to below, or from within to without: order, to appertain to the law of succession observed in degrees, whereby rank and height are given to excellence, priority, universality, and perfection; series, to involve the complex of the whole and the parts when created and coexisting; and society, to be the law of contiguity and relationship existing between different series, and between the parts of any single series. Perhaps it would not be far wrong to state in generals, that order and degrees involve the creating and successive, series and society, the created and simultaneous. But as we have said before, Swedenborg never stated these doctrines as promised in the "Animal Kingdom," but contented himself with using them as analytic instruments in the exploration of the body; and therefore the reader will learn them best in the way of example and illustration in the Work itself.

The Doctrine of Influx involves the manner in which the lower substances, forms and forces of the body subsist, as they at first existed, from the higher and the highest; and in which the body itself subsists from the soul, as it at first existed; and the natural world from the spiritual. But there is not only an influx from within, but also from without; and by virtue of both, the body, which otherwise would be a mere power, is raised into an active force.*

* See "Animal Kingdom," vol. II, p. 589.

The Doctrine of Correspondence and Representation teaches that the natural sphere is the counterpart of the spiritual, and presents it as in a mirror; consequently that the forms and processes of the body are images of the forms and activities of the soul, and when seen in the right order, bring them forth and declare them. It shows that nature is the type of which the spiritual world is the ante-type, and therefore is the first school for instruction in the realities of that which is living and eternal.

The Doctrine of Modification teaches the laws of motion and change of state in the several auras or atmospheres of the world, and in their spiritual correspondents.†

What was stated of the Doctrines of Order, Degrees, Series, and Society, as mutually supposing, or as it were interpenetrating each other, may be repeated generally of the whole of these doctrines, and this, because they are all but so many varied aspects of the one principle of divine truth or order. Like nature itself they are a series, each link of which involves all the others.

The Doctrine of Series and Degrees in conjunction with that of Correspondence and Representation, teaches that there is a universal analogy between all the spheres of creation, material, mental, and spiritual: and also between nature and all things in human society. The circulation of uses in the body perfectly represents the free intercourse of man with man, and the free interchange of commodities between nation and nation. The operations that go on in the body, analogically involve all the departments of human industry; nay, and infinitely more, both in subdivision, unity, and perfection. There is not an art or trade, whether high or low, so long as it be of good use, but the Creator himself has adopted and professed it in the human system. Nay, in the richness of his pervading love, the very prerogatives of the mind are representatively applicable to the body. End, cause, and effect, as existing in Himself, are represented in the latter as well as in the former. Liberty and rationality, the universal principles of humanity, are transplanted by analogy from the mind into the body. It presents an analogon of liberty, in that every organ, part, and particle, can successfully exercise an attraction for those fluids that are adapted to its life and uses; of rationality, in that it acts as though it took cognizance of the adaptability, and operates upon the materials demanded and supplied, in such a manner as will best secure the well-being of itself and of the whole system.

This may account to the reader for the

extremely figurative character of Swedenborg's style, and shew that it proceeded from the reason and not from the imagination. It is because each thing is a centre to the life of all things, that each may freely use the exponent terms of all. Analogous uses in the body and the soul, furnish the point of contact between the two, and the possibility and the means of intercourse. Had Swedenborg confined himself to the dry straitness of what is now called science, he must have forfeited the end he had in view; for matter, as matter, has no communion with spirit, nor death with life. It was absolutely necessary, that the body should be tinctured with life in all possible ways, when it was to be the medium of instruction respecting the soul.

But it is time to instance a few of the results to which the above doctrines lead when wisely applied to the living body. It will, however, be impossible to give anything beyond the merest sketch of Swedenborg's physiology, or to look at it from more than a single point of view. He himself has regarded it from all sides, or from each organ and sphere of the body, and given what may be called a combined proof of its correctness.

The alimentary canal and the whole of the viscera of the abdomen form one grand series subservient to the creation of the blood. This again is divided into three inferior series, whereof one primarily respects the chyle, another the serum, and a third the blood already formed. There are then three series of digestions. 1. The alimentary canal commencing at the tongue and terminating with the rectum, performs as many distinct digestions of the food, and eliminates from it as many distinct products, as the canal itself has distinct divisions and articulations. Thus there is the chyle of the tongue and mouth, the chyle of the stomach, the chyle of the small intestines, and the chyle of the large intestines, and all these chyles subservise the blood in a successive series, coincide in its formation, and ultimately coexist within it in a simultaneous series. When the chyle has been inaugurated into the blood, and is once in the arteries and veins, it is no longer called chyle, but serum. 2. The serum is the object of the second digestion. The finer parts of it therefore are secreted, and the worthless parts are excreted and thrown out, just as was before the case with the food. The former operation is performed by the pancreas, the latter by the kidneys. 3. The blood itself is the object of the third digestion. This process, termed by Swedenborg

† See Animal Kingdom, vol. II., p. 49.

the lustration of the blood, takes place in the capillaries and glandular elements all over the system, but specifically in the spleen, the pancreas, and the liver. As in the first series there are various menstrua or media between the chyle and the blood; namely, in the mouth, the saliva; in the stomach, the gastric juice, which is the saliva potentialized by the peculiar action of the stomach;* in the small intestines the pancreatic juice, and the hepatic and cystic biles; and in the large intestines the liquid distilled from the vermiform appendage of the cæcum; so in each of the other series corresponding menstrua are required and applied. The blood of the pancreas, and the blood of the spleen deprived of its serum by the pancreas, serve in the liver as a menstruum for refining the chyle and lustrating the blood. The lymph is a kind of ultimate saliva which digests the chyle as the common saliva digests the food. The lymph of the spleen, for instance, digests the chyle in the mesentery, as its blood digests the chyle and blood in the liver. In short, as all the abdominal viscera form one series of uses, so the lowest and largest form of that series may be taken as an exponent of the whole; and it will then be found that all these organs are high evolution of the alimentary tube, digesting finer and finer aliments, (for the blood itself is the essential aliment of the body,) and throwing out subtler and subtler excrements or impurities. Thus the liver is the stomach of the chyle and blood; and the ductus hepaticus and the gall-bladder and ductus cysticus are respectively analogous in their proper series to the small and the large intestines.

The viscera of the thorax also minister to the blood. The heart is a chemical organ for preparing liquids to enter into its composition, at the same time that it is the beginning of the circulation. It separates the blood into two parts, a purer and a grosser; the purer it sends away through the lacunæ underneath the columns on its inner surface, by a series of ducts into the coronary vessels, which are the true veins of the heart,† the grosser into the lungs. Thus it also is an organ of blood-digestion or sanguification. The lungs have three general functions: 1. They lustrate all the blood of the body, especially in regard to its chyle or serum; their office in this respect being analogous to that of the kidneys in the abdomen. 2. They feed the blood with ærial and ethereal chyle, as the viscera of the abdomen

with terrestrial chyle. 3. They call forth the powers of all the organs of the body by respiration. With respect to the last-named of these offices of the lungs, namely, that they supply the body and all its parts with motion, it is one of the most important discoveries in the "*Animal Kingdom*," and not less wonderful in its consequences than in its simplicity and obvious truth.

We have published the above commencement of the Translator's Introduction to Swedenborg's "*Animal Kingdom*," with the view of continuing it, to completion, in the future numbers of this Journal, together with such other extracts from the work itself as we may deem most interesting and important. This introduction by the translator, a medical scholar of distinction, probably gives a better synoptical and analytical view of the whole of this really wonderful work than could be presented by any one less thoroughly acquainted with every page and sentence of its contents. It will be seen from notices of it which we adduce from English Reviews, that it is beginning to excite the profound attention and astonishment of the enlightened and learned minds of that country; and there being no American reprint whatever, and the London edition, moreover, being entirely exhausted and out of print, we have thought it scarcely possible to occupy a portion of our pages with any matter of equal novelty and value. We confess, too, that in making these extracts we are not wholly uninfluenced by what, we trust, is a very natural and excusable gratification, in finding and submitting to our readers such remarkable and unexpected illustrations of the physiologigical doctrines which, in perfect independence of the great mass of medical writers and on the authority of our own discoveries and convictions alone, we have been publishing to the world, and adopting in practice, for more than thirty years past.

Being fortunately in possession of a copy of Swedenborg's "*Principia*," we intend to enrich our Journal with consecutive specimens of this extraordinary work also, which successfully aspires to the highest altitude of intellectual acumen and generalization.

* See "*Animal Kingdom*," vol. I., p. 122, note (a) p. 133, note (g).
† On this subject examine Swedenborg's "*Economy of the Animal Kingdom*," tr. I., n. 360-366.

THE
MOTIVE POWER
OF THE
HUMAN SYSTEM,
WITH THE
SYMPTOMS AND TREATMENT
OF
CHRONIC DISEASES.

FOURTH EDITION.

BY H. H. SHERWOOD, M. D., 325 BROADWAY, N. Y.

NEW-YORK.

1842.

This experiment was repeated eleven times on plates of from four to fifteen inches in diameter, and always with the same result. It may therefore be inferred to be constant. It presents one large and strong pole in the centre of the plate, and four smaller and weaker poles in the circumference, like those in the brain.

A line drawn from B through A to C, in the different hemispheres of the brain, fig. 5, would make about the same angle at A, with the line of division between the two hemispheres as would a line drawn from the poles in the circumference through the centre of the plate fig. 8, with a line drawn through the pole in the centre to the circumference from *a* to *b*. The halo around the pole in the centre of the plate corresponds also with the situation and appearance of the inferior ganglion in the side of the ventricle or small cavity, fig 7, and the pole must be enthroned in the centre of the cavity *o*, like that in the centre of the space in the plate, whence it must extend its radiating influence to the poles and convolutions in the circumference of the brain.

On applying the dipping needle to these poles, that in the centre and those in the circumference at *c c*, were found to be positive, and those at *d d* negative poles. When, however, the order of magnetising on the different poles of the battery was reversed, the character of the pole in the centre was changed from a positive to a negative pole, and the positions of the positive and negative poles in the circumference were also changed; the positive occupying the positions of the negative, and the negative those of the positive poles, as seen in fig. 9.

FIG. 9.



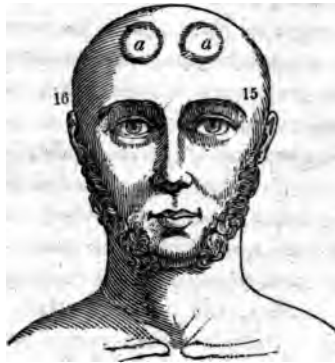
Magnetic poles always have a magnetic axis or prime meridian and a magnetic equator.

The magnetic axis of the positive and that of the negative satellites cross each other in the centre of the open space in the inside of the disc, each forming two sides of an inverted plane triangle, the base of each of which, from the form of the disc, necessarily forming a spherical side of a triangle, and as the latter is in the circle of the disc, and as this disc is a middle section of a hollow sphere, it necessarily follows that when a hollow sphere or body, more or less round, is magnetised in the same manner, inverted cones are formed. For as the disc is a section of a

sphere, so are the plane and spherical sides of the triangles, sections of inverted cones.

Magnetic poles, thus situated, would give to bodies, within their radiating influence, a form more or less round, according to the laws by which they are governed. The two poles in the two divisions of the cerebellum C C, fig. 5, accordingly give to these organs the rounded form. Phrenologists have placed the organs of causality, which investigate the phenomena of cause and effect, in the two convolutions of the brain which produce the prominences in the forehead *a a*, fig. 10.

FIG. 10.



And these are the convolutions in which the other satellites or poles are situated, as seen in fig 5, and as the right convolution is seen in No. 8, fig. 7. They have also placed the organ of comparison, which compares the observations obtained by the perceptive faculties 12, 13, 14, fig. 7, in the space between these poles, and tell us, without any knowledge of these magnetic phenomena, that they have the form of an inverted cone, as seen in this figure. From the situation of these organs, and their conformity with the magnetic phenomena of the brain, there can be little doubt that the matters and things perceived by some of the organs, and investigated and compared by others, are decided in the centre of the 3d ventricle, and the voluntary motions and course of the body directed from that position.

These phrenological organs are largely developed, and form conspicuous prominences in the foreheads of some persons, and such individuals are seen, even by common observers, to excel others, and to be distinguished for the facility with which they compare their perceptions of facts, existences, and the qualities of bodies, and investigate the causes of phenomena.

These developements and mental manifestations have been observed by phrenologists, it appears, in a multitude of cases, by which they profess to have fully established the truth of the practical principle deduced from these, and from like observations extended to other convolutions of the brain and their functions, viz : that other conditions being equal, the relative size of the organs will measure the strength of their respective faculties.

These facts, by which they claim to be able at any time to verify the principle, appear to be well known to this school of mental philosophers ; but an explanation of the facts, or reasons for the truth of the principle, they seem never to have attempted to give. Nor could they have been successful in such an attempt, had it been made without a knowledge of the existence of these magnetic poles, and of the laws by which they are governed. But their existence being demonstrated, and the laws of magnetic action being known, what has heretofore been a sealed enigma, involved in impenetrable mystery, becomes at once so plain and simple as to be easily understood. For as no effect is produced without motion, and as motion in these organs is produced by the action of these forces, and as they repel and expand, and attract and contract, with a power proportioned to their quantities in the spaces they occupy, it follows that the power of these convolutions to repel and expand some perceptions, and attract, contract, and compare others with facility, is in proportion to their size or the spaces they occupy, modified, however, by differences in the strength of the poles, in the perfection of the conductors of these forces from the primary pole to the convolutions, and by various degrees of approximation towards perfect symmetry of organization in different individuals. The motions of these forces being perfect, according to their laws, they consequently act with the greatest facility in a perfect, and with the greatest difficulty in a very imperfect organization. We accordingly find the talents of individuals to increase in the ratio of their perfection in organization, from the most imperfect in the idiot to the most perfect in individuals of the greatest capacity. And as certain knowledge obtained through some of these convolutions is perfect in some persons, it follows that an individual having a brain perfectly developed and symmetrically formed in all its parts, would be capable of, and might acquire perfect knowledge in all its departments.

Phrenologists give to these different organs, or convolutions, different names expressive of their different faculties as follows :

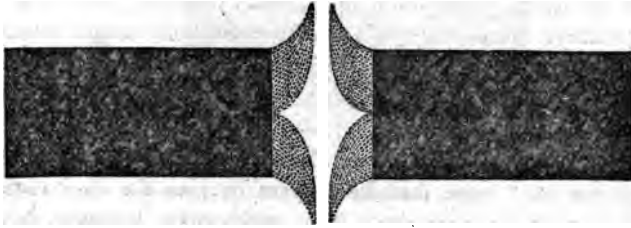
- No. 1. Fig 7, Amativeness, or sexual-love.
2. Philoprogenitiveness, or love of offspring.
3. Inhabitiveness, or attachment to home.
4. Concentrativeness, or power of mental concentration
5. Approbativeness, or love of approbation.

No. 6. Self-esteem.

7. Firmness.
8. Reverence.
9. Benevolence.
10. Imitation.
11. Comparison, or power of comparing one thing with another.
12. Eventuality, or power of observing action.
13. Individuality, or power of observing existence.
14. Language, or power of using verbal signs.
15. Tune, or power of perceiving unison and harmony of sound;
see fig. 10.
16. Destructiveness, fig. 10.

It is a matter of common observation that magnetic poles of the same denomination repel, and those of opposite denominations attract each other, and in order to ascertain the degree of force with which they repel and attract, it is found by experiments, conducted on the most rigid principles of inductive philosophy, that they repel and attract each other with a force proportioned to the quantity of these forces in given spaces, or the spaces they occupy. It is also ascertained, in the same manner, that when they repel, they expand, as seen in the case of iron filings attached to poles of the same denomination, fig. 11.

FIG. 11.



And when they attract, they contract, as seen in the case of iron filings attached to poles of opposite denominations, fig. 12.

FIG. 12.



with a force proportioned to their quantities in the spaces they occupy. The two poles, then, of the same denomination in the opposite hemispheres of the brain may, through the spinal nerves attached to these hemispheres, expand one set of muscles on one side of the body, limb, or organ, at the same time that those of the opposite denomination contract the antagonist muscles on the other; for the muscles, like the organs and nerves are necessarily double for the purpose of producing motion by their simultaneous action.

They may also expand one set of muscles by the repulsive, and contract their antagonists by the attractive force; in the same way that one metallic wire is expanded with the repulsive, and another contracted with the attractive force. Thus when by the mere exercise of an inclination, excited by a sensation, we incline to expand one set of muscles to extend a limb, we incline to contract their fellows at the same time; so that when one muscle expands, its fellow necessarily contracts; and when another contracts its fellow expands.

These motions called attracting and repelling are, in other words, the pushing and pulling motions: and if motion is produced in man and other animals by the action of these forces, we ought to be able to recognize the same motions in the fluids of the body, whether æriform or aqueous, and also in the organs by which they are moved.

On a minute examination of this subject, we find that in the formation of the organs, the same order is observed in the distribution of the membranous surfaces as in the formation of the external and internal surfaces of the body. The brain, heart, lungs, stomach, intestines, liver, spleen, kidneys, uterus, and cystis are all covered with a serous membrane, and their inner surfaces are lined with a mucous membrane. On observing the action of the air and of the lungs in breathing, we instantly recognize those motions.

In reflecting on the great power which it was necessary to give to the heart, it was easy to see that the diagram or plan for its construction must conform to that necessity. This consideration, however, presented no difficulties, for the sources from which it might derive the necessary strength and durability, under the action of these forces, were abundant and we accordingly find its strong muscles surrounded by additional membranes, presenting extensive surfaces for the accumulation of these forces.

On an attentive examination of the action of this organ, and of the motion of the blood in the arteries, we again recognize in both, and in the clearest manner these motions.

The heart is constructed and acts on the principle of the pump; the fluids being attracted through the veins and other absorbent vessels in

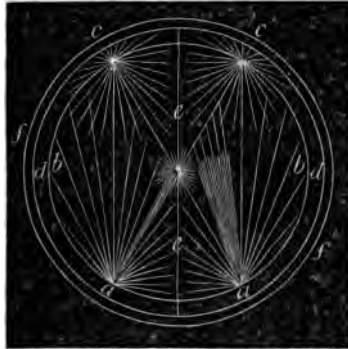
steady streams to the heart, with an intensity of force equal to that with which the ventricles repel them through the arteries.

Every repulsion of a fluid, in elastic bodies, produces expansions, and every attraction is succeeded by contractions of these bodies, according to a law of these forces, viz: repulsions expand, and attractions contract with powers proportioned to their quantities in given spaces.

Every repulsion of the heart, repels or pushes the fluids in the arteries, and every attraction pulls the fluids in the absorbent vessels.

The motions of the pulse correspond exactly with these laws and these motions; for every repulsion is succeeded by an expansion in the artery, and every attraction by a contraction of it. The same phenomena is found in the hose of the fire engine when in motion. The water moves in the hose from the cistern or hydrant in a steady stream to the engine, and from the engine through the hose with the motions of the pulse.

When the heart is laid open and distended in a circular manner, as seen in the following figure, it is found by the manner in which it is constructed



to have four large poles in its circumference; *a a*, and *c c*, the axis of which cross each other in the centre of the heart, like those of the circumference of the brain. The forces from the poles; *a a*, radiate along the ligaments or braces, called *columnæ cornea*, to the sides of the ventricles; *b b*, and the forces also radiate from the poles in the oracles *c c*, along their ligaments, as seen in the figure: all of which are first expanded and then contracted in the motions of the heart, by the action of the forces from the poles.

d d, walls of the heart; *e e*, septum or division between the auricles and ventricles, and equator between the poles; *f f*, pericardium or heart-case.

CHAPTER II.

Secreting system—Its organs and vessels—The secretions and chyle are all attracted to the heart, and the excretions repelled from it to the internal and external surfaces of the body—Secreting and excreting systems of the vegetable kingdom.

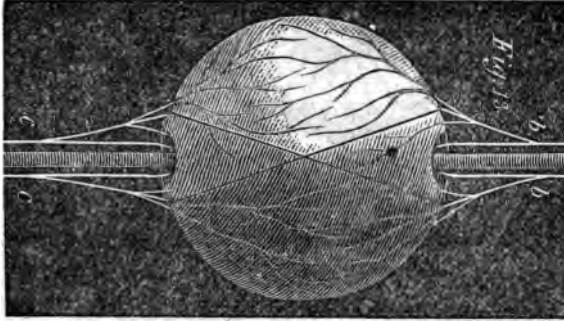
In our first chapter we attempted to give a concise view of the motive system which was formed for the purposes of motion. The excretions, it will have been seen, are attracted from the blood and then repelled from the body. On a farther examination of the human structure, we find another system in which chyle is attracted from the mass in the intestines; lymph, from the lymphatic glands, and fluids from the stomach as well as from every other cavity of whatever size or kind in the whole structure, and conveyed to the heart. We find, therefore, one formative system in which the fluids are attracted to the centre of the body, and a motive system by which they are repelled from it.

The existence of such a system as this is indispensable, not only to furnish the fluids necessary for the support and growth of the body, but to supply the waste of those that are necessarily repelled from it, to maintain its different surfaces in positive and negative states, for the purposes of motion.

This system consists of a vast number of minute vessels taking their origin with patulous or expanded orifices in almost every part of the skin, serous and mucous membranes, and in nearly all the most minute, as well as the largest cavities of the body. They unite and increase in size as they advance from these surfaces and cavities, in proportion to distance, in two divisions, one from the upper, and the other from the lower part of the body, and at length uniting with two large veins very near the heart called *venæ cavæ*. In their course to these veins they pass into and then out of a great number of glands, varying in size from that of a small seed to a large bean, which attract from the blood and mix with

the fluids in these vessels a semi fluid called lymph, and are hence called lymphatic glands. When these are viewed through a magnifying glass, we can see the vessels and the nerves *b b* and *c c*, penetrating the gland on one side and passing out of it on the other, as seen in fig. 13.

FIG. 13.



The lymph secreted by these glands is very thin, under the influence of the natural temperature of the body in health, but when it is reduced the lymph becomes more or less thick, according to the amount of the reduction, and its motion in these minute vessels becomes more or less difficult. Some of these vessels become entirely obstructed in this way, and the lymph secreted by many of these glands, is accumulated in them, in consequence of these obstructions by which the glands themselves are expanded.

By these accumulations the glands are sometimes enlarged in various parts of the body, to the size of that seen in the figure, before they cease secreting, when the accumulated lymph begins to harden down, and sometimes in a few weeks or a few months becomes as hard as old cheese, and looks, as well as cuts like it. On opening the gland with a scalpel in this state, its interior presents a beautiful conglobate arrangement of the acini, as seen in fig. 14, and as the same is seen through a magnifying glass, fig. 15.

FIG. 15.

FIG. 16.

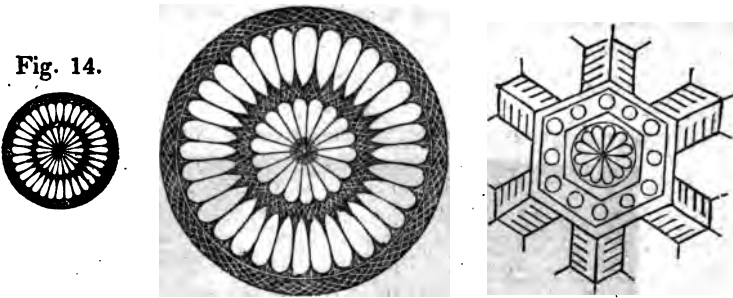


Fig. 14.

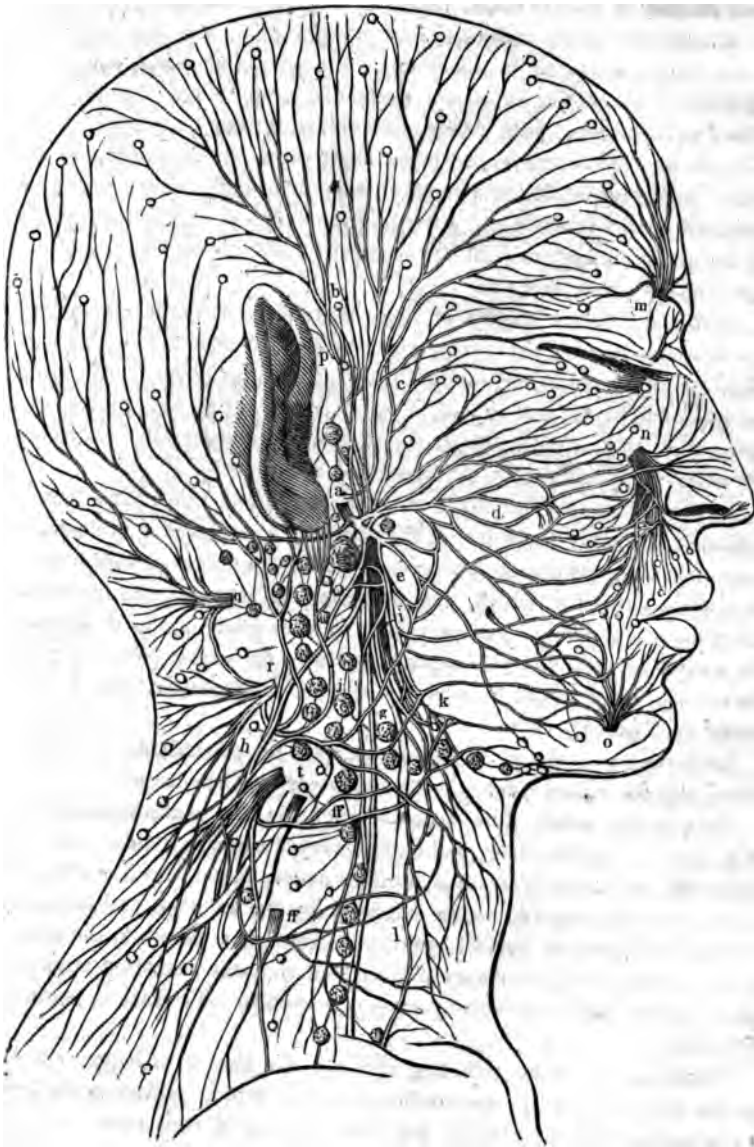
The organization, it will be seen, is geometrical, and constitutes a beautiful comparison with the conglobate form of snow, as seen through a microscope, Fig. 16, constructed geometrically in the atmosphere with the same forces that produce motion in the gland.

There are two classes of these glands in regard to size and situation which are connected with the brain, through the spinal cord, by the nerves of sensation, while the mucous glands of the mucous and mucoserous membranes are connected with it, through the same channel, by the motor nerves or nerves of motion. The lymphatic glands of the largest class are situated in places near the structures to which they belong, and are called by different names, according mostly with the names given to the places in which they are found, while their satellites, with which they are connected, or those of the smallest and most numerous class are situated in the substance of the structures.

The thymus gland of the first class is situated under the sternum or breast bone,—assists in the office of secretion for the infant, and disappears at an age when every other part of the animal system becomes perfectly developed. The pineal gland is situated in the brain, glandula concatenatæ or series of glands in the neck, the thyroid gland upon the cricoid cartilage in the lower and front part of the neck, the bronchial around the bronchial tubes, the cardiac near the heart, the axillary in the armpits, the dorsal along the dorsal, and lumbar along the lumbar vertebræ, the mesenteric in the mesentery or caul attached to the stomach and intestines, the pelvic in the pelvis, the sacral in the sacrum, the inguinal in the groin, and popliteal in the ham, &c.

The series of these glands along the neck with some of their satellites, together with the principal nerves of the neck and face with which they are connected, may be seen in Fig. 17.

FIG. 17.



This series, with that on the left side of the neck, is continued along the whole length of the spine under the names of dorsal, lumbar, and sacral glands before noticed

On an examination of the fluid that has passed through these glands on its way to the heart, with a magnifying glass, it is found to contain a great number of minute round bodies of a white or milky colour, which are accumulated in the blood and form its globules. And as every part of the body is found to be made up of minute round bodies connected together by connecting substance, there can be no doubt that they are formed in these conglobate glands, after the pattern of their acini.

These positive secretions, with the chyle from the intestines, are attracted to the heart, and then repelled from it through the arteries to be deposited for the renewal and growth of the body, as well as for supplying the excreting system with the necessary fluids for excretion, and the secreting system for secretion.

A full and constant supply of these secretions or round elementary bodies and connecting substance, was necessary to maintain the body in a healthy state, and as the supply through these glands was liable to interruptions from various causes, a large organ, called the spleen, was constructed with acini to secrete the same fluids, and furnish at all times the necessary quantities for the exigencies of the body.

We sometimes eat, and at the same or other times, drink more than is necessary to supply the wants of the secreting and excreting systems, or more than they can secrete or excrete; and as this excess or superabundance must, with that which was necessary, be attracted into the circulating mass of fluids, it was necessary to have other organs to separate the excess of positive and negative matter; for under other circumstances the body would be soon overloaded with matter, and motion would consequently cease.

The liver was therefore formed to separate the superabundance of positive, and the kidneys, the superabundance of negative matter.

The positive matter thus excreted might be, and is accumulated first in a cistern or gall bladder, and then conveyed through a tube into the intestines, and mixed with other positive matter there; but it would not do to have the negative matter excreted by the kidneys, and accumulated in its cistern or bladder, conveyed through a tube into the intestines, because it was necessary to keep them constantly covered with positive matter, and it was consequently conveyed to the surface in another direction.

Plants have a similar secreting system; the fibrous or hairy roots of plants are vessels with open orifices, through which nutritious matters are attracted from the earth to the bulbs or poles of their roots, and are thence repelled in other vessels through the whole of the cellular and vascular tissues of the plant, terminating in the vasa propria and conglobate glands, which secrete the peculiar fluids of the species.

These fluids are magnetised and changed from the positive to the ne-

gative state in the leaves and buds or lungs of the plants, which attract and repel the air through appropriate tubes, and are then attracted to their bulbs to be again repelled from them as before, and deposited for their nourishment and growth.

Plants have also an excreting system in their skin or bark, as well as in membranes, similar to those of animals, and while those on the surface are maintained like those of animals in a negative state, those of their internal surfaces are maintained in a positive state. Their excretions from their globate glands in the bark and membranes, are like those of the different species of animals different in different species.

The calyx and stalks of the moss rose, as well as of many others of the same species, are more or less covered with prominent glands, from which is repelled an aromatic fluid.

Their fragrance or perfume, and that of the different kinds of willow, with the geraniums, as well as other nectariferous flowers of the higher orders of plants, are like those of the higher orders of animals, the productions of their excreting systems, and form, like theirs, a delightful contrast with the disgusting odours from the same systems in the noxious and lower orders of the vegetable, as well as of the animal kingdom.

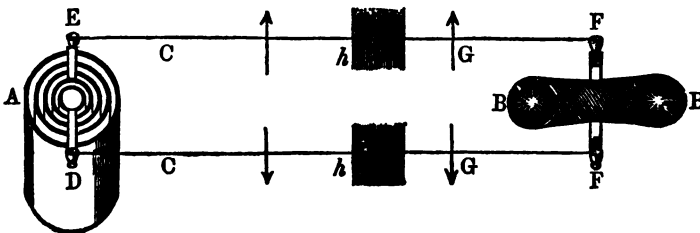
CHAPTER III.

Magnetic forces innate in every kind of matter—Galvanic Battery—The principles of, the same as the Animal Battery—The forces collected from the surfaces of membranes identical with those collected from the surfaces of copper and zinc—Are more powerful in an organized than in an unorganized state—Form of organized forces geometrical—Sound and sensation produced by the action of these forces—Their power, velocity, and tenuity—Produce sensation, inclination, and motion.

THE forces elicited from different kind of matter, and known by the names of electricity, magnetism, and galvanism, are now believed, by scientific men, to be the same, their effects only being varied by common causes; and there can now be no doubt that they are innate in every kind of matter, either in an organized or unorganized state, in quantities proportioned to the density of the matter or other ability to retain them; the quantity obtained from even one drop of water having been found sufficient to put a small battery in motion.

The common galvanic battery was first constructed by Galvani, and hence called the Galvanic battery, fig. 18.

FIG. 18.



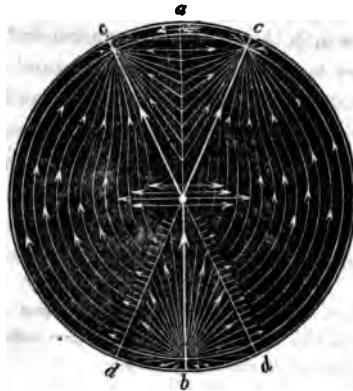
It is in two parts. A is the battery, and B B the poles connected with the battery A by two copper wires C C. The battery is constructed with alternate circles or layers of sheet copper and sheet zinc. The circles of copper are connected at D, and the circles of zinc at E. These connections terminate in thimbles, in which mercury is placed, to cover the ends of the copper wires, and connect them with the magnet.

The poles of the battery B B are made of round soft iron, bent in the form of a horse-shoe, and then wound with six coils of copper wire, covered first with oiled silk, and terminating in thimbles, as seen at F F. If the battery A be now placed in a jar of water in which a mixture of sulphuric and nitric acid has been poured, the acid begins to act upon the circles of copper and zinc, and the two latent forces being liberated by this action, are attracted separately along the opposite wires to the poles of the battery. The pole which is connected with the copper circles will be positive, and that connected with the zinc will be negative.

Iron and steel rings, discs, and iron and steel of any other form can be magnetised on the poles of such a battery, and one or more poles communicated from them to these metallic instruments, and from these to others.

A disc of saw plate, fifteen inches in diameter, and a tenth of an inch thick, drawn across the positive pole of the battery, on the line from *a* to *b*, fig. 19, is magnetised in the manner seen in the figure.

FIG 19.



It has three poles ; a positive pole *b*, and two negative poles *c c*, and they have a magnetic axis extending from *c c* to *b*, in the form of the letter Y, and also a magnetic equator of the same form, extending from *d d* to *a*.

When the disc is thus magnetised on the negative pole of the battery, we find the same number of poles in the same situations, and the same form of the magnetic axis and magnetic equator, but the order or relative situation of the respective poles of opposite denominations is reversed, for a negative pole occupies the position of the positive, and two positive poles the position of the negative poles. We have, in this case, two inverted triangles, as in the case of the disc, fig. 9, magnetized on both poles of the battery, and the angles of the plane triangular sides of these triangles, with the line from *a* to *b* is the same as in fig. 9, while the magnetic character of the sides of these triangles is reversed—they being both a magnetic axis in the first case, while in the last, one is a magnetic axis, and the other a magnetic equator—the positive forces occupying the space inclosed in the latter triangle, and the negative forces the remaining part of the disc, as seen in the figure.

If we place a small compass on either of the wires of the battery, the needle will obey two opposite forces, called the resultant forces, *h h* projected at right angles to it, and not the one force which magnetized or organized the latent forces in the wire, and will point at right angles to it, as seen at G G. fig. 18.

The needle is magnetized with two opposite forces and obeys the two opposite resultant forces, and not the one force passing along the wire. So if one wire only is connected with a pole of the battery there is no motion of either force along the wire, but it commences at the moment the other wire is connected with the opposite pole, and demonstrates the axiom that there is never any motion without the action of both these forces at the same time.

The principle on which this battery is constructed is the same as that of the human battery described in our first chapter, the only difference being in the number of the different surfaces, conductors and poles.

The forces collected from the surfaces of the mucous and serous membranes, including the skin and conducted to the brain, are identical with those collected from the surfaces of the circles of copper and zinc, and conducted to the poles of the battery, as seen in the following article copied from the *Medico-Chirurgical Review*, for January, 1837.

On the Chemical Properties of the Secretions in Health and in Disease; and on the Existence of Electrical Currents in Organised Bodies, induced by the Acidity and Alcalinity of their different Membranous Surfaces.

M. Donne, whom we have had repeatedly occasion to mention with praise, is the author of some curious—would that we could add, well ascertained—statements on this subject.

All that we propose to do, is merely to present to our readers the leading results of his enquiries. They are contained in the following corollaries.

1. The whole of the tegumentary surface secretes an acid humour. It is however to be noticed that the sweat, instead of being, as it is generally stated, more acid in the axilla, and around the organs of generation, than in other parts, is frequently of an alkaline character.

2. The alimentary canal, from the mouth to the anus, except the stomach, (the gastric juice of which is strongly acid, as has been proved by Prout, Tiedeman, and Gemin.) secretes an alkaline mucus. Thus the saliva, and also the mucus of the pharynx and œsophagus, as far as the cardia, and of the intestinal canal from the pylorus to the anus, are alkaline in health; and becomes acid only in consequence of disease.

3. The serous and synovial membranes secrete an alkaline fluid: in disease, it sometimes becomes acid.

4. The external acid, and internal alkaline membranes of the body, represent the two poles of a galvanic pile, whose effects are appreciable by a galvanometer. For, if one of the conductors of this instrument be placed in contact with the mucous membrane of the mouth, and the other conductor be applied to the skin, the magnetic needle will be found to shew a deviation of 15 to 20, or even 30 degrees; and the direction of the needle proves that the mucous or alkaline membrane indicates a negative electricity, and the cutaneous or acid membrane a positive electricity.

5. Independently of these two great surfaces, exhibiting opposite electrical states, there are other smaller cognate systems, which are similarly opposed. Between the stomach, for example, and the liver, we may discover energetic electrical currents.

6. The acid humours of the system may become alkaline, and the alkaline may become acid, in a state of disease.

7. An abnormal acidity is usually the result of a phlegmasia; and this change may take place in an organ, at a distance from the inflamed part;—thus the saliva becomes strongly acid in gastritis.

8. The acid, developed during the existence of inflammatory disease appears to be most frequently the hydro-chloric. The presence of this acid may very possibly determine the coagulation of the albuminous part of the lymph, or serosity, which abounds in all inflamed structures; and we know that this coagulation is the cause of the false membranes, of specks and opacities of the cornea, and of the induration and hypertrophy of many parenchymatous organs.

Purulent matter is produced by the action of an acid upon albuminous lymph:—it is a species of combination of acid and albumen. Although we cannot always discover traces of a free acid in inflammatory effusions, and although pus does not always redden the blue paper of turnsol, we are to remember that by far the greater number of the humours of an animal body in health are strongly alkaline, and that in this way the generation of acid in disease may be masked or concealed for some time, in consequence of the neutralising of the original or primary alkali.

9. The alterations in the chemical nature of the secretions must necessarily react on the different functions of the system. They will be found to constitute an interesting groupe of lesions, or symptoms hitherto but little regarded, and the diligent investigation of which may very possibly lead to some important therapeutic results.

These changes will probably be found to induce certain modifications in the electrical currents, which exist between the different organs of the economy.

The needle it will be seen, obeys the forces of these different surfaces like those from the surfaces of the copper and zinc in the battery.

When the body is highly charged with these forces, strong poles are sometimes formed in the ends of the fingers, which the needle obeys

like the pole of the magnet, and they also sometimes give out sparks, like the battery, or the electrical machine, as will be seen by the following scrap :—

AN ELECTRIFIED LADY.—A correspondent of a late number of *Silliman's Journal*, states that on the evening of January 28th, 1839, during a somewhat extraordinary display of the northern lights, a respectable lady became so highly charged with electricity, as to give out vivid electrical sparks from the end of each finger, to the face of each of the company present. This did not cease with the heavenly phenomenon, but continued several months, during which time she was constantly charged and giving off electrical sparks to every conductor she approached. This was extremely vexatious, as she could not touch the stove or any metallic utensil, without first giving off an electrical spark, with the consequent twinge. The state most favorable to this phenomenon was an atmosphere of about eighty degrees Fh., moderate exercise and social enjoyment. It disappeared in an atmosphere approaching zero, and under the debilitating effects of fear. When seated by the stove, reading, with her feet upon the fender, she gave sparks at the rate of three or four a minute; and under the most favorable circumstances, a spark that could be seen, heard, or felt, passed every second! She could charge others in the same way when insulated, who could then give sparks to others. To make it satisfactory that her dress did not produce it, it was changed to cotton, and woollen, without altering the phenomenon. The lady is about thirty, of sedentary pursuits, and delicate state of health, having for two years previously, suffered from acute rheumatism and neuralgic affections, with peculiar symptoms.

We know that the two magnetic forces pervade every kind of matter from the fact that unmagnetized substances of the same kind repel, and that opposite kinds attract each other. The power with which they repel and attract is very weak however compared to that which is exerted by magnetized matter.

If we divide the inside of an earthen cup securely by a piece of bladder and then fill one side of it with water and pour a little of the same fluid with which a little acid has been mixed into the other side, the water in the former will be slowly attracted through the bladder, into the latter division, and is called capillary attraction; but if the wires from the galvanic battery are immersed in the different fluids, the fluid in the former is quickly attracted into the latter division. So the effect of unmagnetized iron and steel upon the magnetic needle is very little, but when they are magnetized or in other words organized with these forces, the effect upon it is seen to be very great.

When these forces are thus organized, they impart in geometrical figures according to their laws, a knowledge that is mathematical and therefore perfect, and like a thing of life this organized knowledge is easily destroyed by a blow.

Sound is produced by the action of the magnetic forces on organs constructed for this and other purposes, as the lungs, larynx, &c. Musical instruments are therefore necessarily formed to produce all the varieties

of sound by the action of these forces ; and we hear the thunder produced by them when they burst from their confinement in the cannon, and from the clouds in the heavens.

Sensation is also produced by the action of these forces on the organs of sensation, such as the papillary glands of the skin and muco-serous membranes of the tongue, nose, eyes, &c.

Different sensations are necessarily produced by the application of different forms and states of different kinds of matter to the papillary glands of one form, of one kind and of one state, as in the application of a round or pointed body to the skin, either in a neutral or a very warm or cold state.

When this order is reversed, and the papillary glands are, from disease, more or less enlarged and altered in form and structure, sensation is increased in them by the accumulation of these forces. In this case, the natural round papillary form of these forces is retained, while that of the gland is altered. The sensibility of the gland is not therefore diminished, but is increased in proportion to the number of these forms or the quantity of these forces accumulated in it. Sensation, then, is in these forces, which are the foundations of the ultimate atoms of matter, and not in the matter or structure of the glands, and is as perfect in its opposite emotions of pleasure and pain, as magnetism is in its opposite characters of repulsion and attraction. Inclinations, agreeable or disagreeable, are concomitant of and belong to the opposite qualities of the sensations, like the expansions to the repulsions and the contractions to the attractions, and they follow them in the same order.

Sensation, inclination, motion, and form are then, in this order, the attributes of these male and female forces, and are the agents by which all nature is formed and animated ; by which the stars, sun, earth, planets, and their satellites were formed, animated, and are moved in orbits with unerring precision, and by which all the orders, genera, species and varieties of the vegetable and animal kingdoms were formed with a precision, and adorned with a beauty that defies imitation.

Nothing can therefore equal the adaptation of these forces to produce such results ; for besides their unlimited power, which can make a world tremble like a leaf, the great velocity of their motions and their great and almost inconceivable tenuity, enable them to penetrate the most minute orifices, and construct an infinite variety of bodies of every form and size, and produce motion in the smallest with the same geometrical accuracy as in the largest structures.

The subject of sensation, inclination, and motion in this order, is so interesting as to induce me to dwell further upon it, and copy from my case-book the following interesting case to illustrate these phenomena,

in which these forces are made to pass from one gland to another in a different part of the body, and produce sensation, inclination, and consequent motion.

The examination of this case was commenced and continued as stated, without any previous knowledge of it or of the persons present.

Mrs. J. P. of Fairfield, Butler Co., Ohio, of good constitution, light complexion, and naturally full habit, aged 22 years.

Called to see her January 11th, 1835. She had a swelling on the right side of her neck and face, which commenced about the 10th of November last, and had been out of health about three years.

Suspecting tubercula, and without making further enquiries, and in the presence of a number of gentlemen and ladies, I commenced an examination of the lymphatic glands along both sides of the spine, and first with those of the first cervical vertebræ (joint of the neck next to the head,) and pressed with the finger upon one lying close to the right side of the vertebræ, and of the size of a very small bean. This pressure produced a scream from severe spasmodic pain, which on every repetition darted violently, and with the rapidity of lightning, into the external cervical and submaxillary tubercles, and into the upper jaw, ear, and right side of the head. On her complaining of its darting also into her throat, I examined it, and found two tubercles rising conspicuously in the right tonsil, and one in the gum of the upper jaw, all of which were very sore, and also painful under pressure. I now applied pressure in the same way to these cervical and submaxillary tubercles on the side of the neck and the under jaw, which produced the same kind of pain in them, and which at every repetition of the pressure, darted violently along the neck and under the clavicle, (collar bone,) into the upper portion of the right lung. I now applied pressure to the left side of the first vertebræ, on a still smaller tubercle, and she screamed again, and pointed her finger to the spot *the pain darted to*, on the upper portion of the left side of the neck; and on examination I found there a large submaxillary tubercle, and on applying pressure to this, the scream was again repeated, and she at the same time applied her hand to the left breast or mamma, and then pointed out the course of the pain from the tubercle (enlarged gland) along the neck and under the clavicle into the breast. I now examined the breast, and found it every where literally crammed with tubercles of the size of peas; it was one third larger than the right; colour of the skin natural. The other breast flaccid every where, and neither gland or tubercle to be felt in it or in the axilla of the left side.

The small tubercles along the right side of the other cervical vertebræ were sore or tender, and pressure on the upper ones sent darting pains into the right side of the neck, and on the left side of the lower one

into the region of the heart, and checked her breathing. Pressure applied now on the sides of the first, second, third, and fourth dorsal (joints of the back between the shoulders) produced pain which darted into the stomach; and on the second, third, fourth, and fifth lumbar, produced the most severe spasmodic pain, which darted violently into the uterus. Pressure on the sides of the other vertebræ produced no pain or effect whatever.

The same effect is frequently produced by pressure on these enlarged lymphatic glands in other cases, and I have, in many instances, applied the wire from the Galvanic battery to these tubercles in an active state of disease, when these forces would dart from one tubercle to an organ in the same manner as when pressed upon by the finger or thumb.

In experiments made on living animals, it is ascertained that if a principal nerve leading to and belonging to the stomach be severed with a scalpel, digestion ceases, but when that portion of it next to the stomach is connected with the wire of a Galvanic battery, digestion commences and progresses in the same manner as it did before the nerve was separated.

When the wire from the battery has been connected with the nerves of criminals, soon after they have been executed strong muscular action has uniformly commenced, evinced by violent contortions of the limbs, of the muscles of the face, and even breathing has sometimes commenced, accompanied with its natural sound.

These evidences are perfectly conclusive in regard to the identity of the magnetic forces with those that produce sensation, inclination, and motion in man and other animals, which with a great variety of other evidences afford interesting and beautiful illustrations of the action of the hitherto undefined and apparently undefinable nervous fluid, spirit or vital principle of physiologists.

CHAPTER IV.

Application of the motive power of the human body to determine the character of a large class of chronic diseases of the organs and limbs—Symptoms produced by it invariable—Cause of the symptoms—Tuberculations—Cause of the tuberculations.

WE have in the former chapters given a concise view of the construction and of the motive power of the human body, as well as of the laws by which that power is governed. It now becomes a matter of interesting enquiry, to ascertain whether a knowledge of them can be applied to useful purposes for the benefit of mankind? The answer must be in the affirmative; for by adding to our general stock of knowledge, we elevate the character of our species, we add much to and increase our ability to attain more perfect information in its several departments.—Among these, the knowledge by which we are enabled to repair the different parts of the human structure, when they are out of order, and to maintain them in a perfect or healthy state is of the very first importance. And as the different structures are subject to different injuries, it becomes a matter of great importance to ascertain their natures, because different materials will be required to repair the different injuries to the different structures.

These injuries may be very naturally divided into three or four classes, the nature of all which may be invariably known by certain phenomena produced by the action of these forces.

The nature or symptoms of the injury, or of the disease in one of these classes called hypertrophy or chronic enlargement of the internal structures or organs may be known by the action of these *forces* under pressure.

SYMPTOMS.

In order to determine whether a person is affected with tubercular disease of the organs, we press with a finger or thumb on the vertebral spaces along the spine. If the person has the disease, there will be a place or places along the spine where pressure will produce pain. This pain, however, will be a mere tenderness of the part where pressure is made, in the *passive* state of the disease; but when the disease is *active*, this pain, (produced by pressure) will dart into the diseased organ with a violence which increases with the intensity of the disease.

We know, therefore, that if pressure on any of these spaces produces pain, the person must have the disease, because the secreting glands in the organs connected by their appropriate chain of nerves with these spaces must be enlarged and irritable when pain is so produced.

In order to determine whether the disease affects any part of the head, we press on the back part and sides of the first joint of the neck, and under the jaws. See Fig. 20.

In determining whether one or both lungs are tuberculated, it is necessary to press on the spaces on both sides of the last cervical or large and last joint of the neck and first dorsal, or first joint of the back; and if pressure on the right side produces pain, the right lung is tuberculated; but if pain is produced by pressure on the left side, the left lung may be tuberculated, or it may be the heart instead of the lung which is tuberculated, and produces this symptom, or both may have the same disease at the same time. In order to determine which is diseased, we may inquire whether the patient has a cough and expectorates, and whether he be subject to a hard beating of the heart. If he has cough and expectoration, the left lung is tuberculated, but if he has no cough, the heart, on examination, will be found to beat much harder than natural, and the sound of its action will be loud, and precisely like that of the churn, in churning.

In *tubercula* of the stomach, and its immediate appendages, called dyspepsia, pressure between the 2d, 3d, and 4th, and sometimes 5th and 6th dorsal spaces, (counting from the last or large joint of the neck,) produces pain.

In *tubercula* of the liver, called *chronic inflammation* of the liver, or *liver complaint*, pain is produced by pressing on the right side, between the 7th and 8th, and 8th and 9th dorsal spaces, and directly opposite to the lower part of the right shoulder blade.

In *tubercula* of the spleen, pain is produced by pressure on the left side of the last named, or 7th and 8th, and 8th and 9th dorsal spaces, and opposite to the lower part of the left shoulder blade.

In *tubercula* of the right kidney, pain is produced by pressure on the right side of the space between the 12th or last dorsal, and first lumbar vertebræ, and in *tubercula* of the left kidney, pain is produced by pressure on the left side of the 12th dorsal and 1st lumbar.

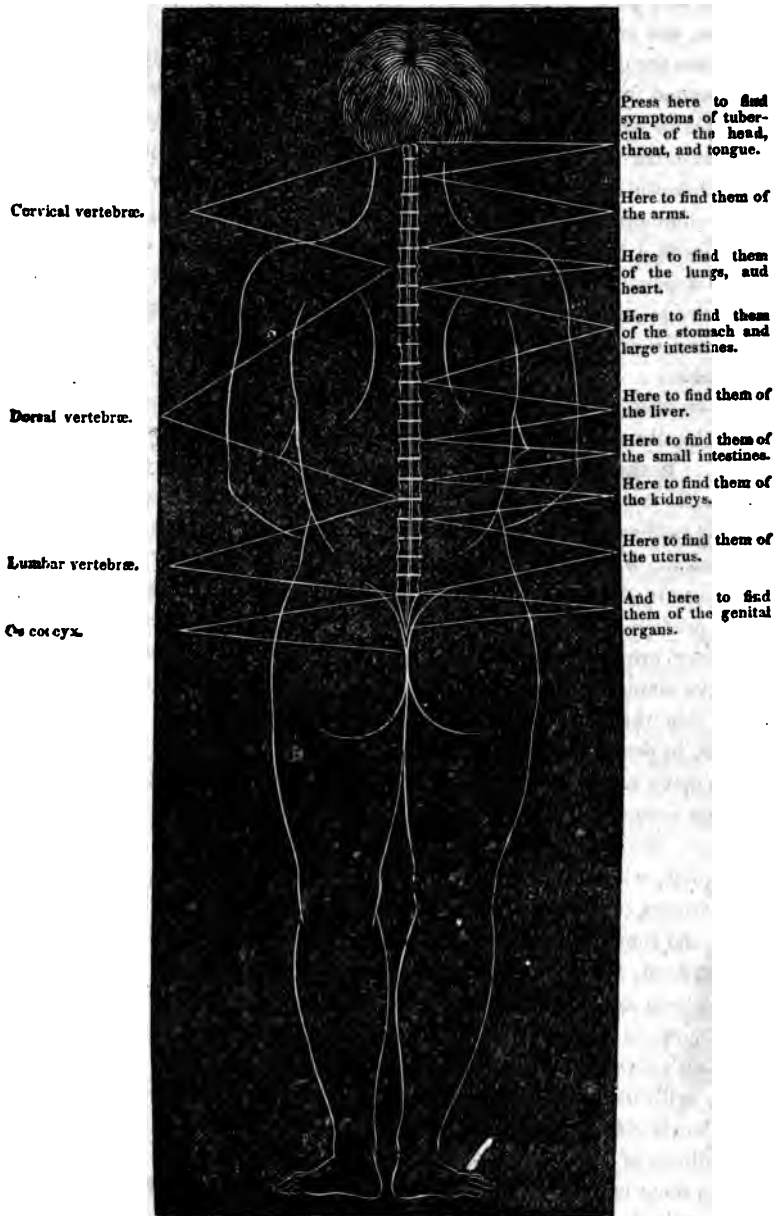
In *tubercula* of the uterus, called leucorrhœa, chlorosis, amenorrhœa, and menorrhagia, pain is produced by pressure, between the 2d and 3d, and 3d and 4th, and sometimes 4th and 5th lumbar spaces, or between all the joints of the small of the back, except the 1st and 2d.

In *tubercula* of the genital organs, pain is produced by pressure, between the 5th or last lumbar space, and the os-coccyx.

This pain, produced by pressure, is always more or less severe, in proportion to the severity of the disease. If there is but little disease, the pressure will produce but little pain; but if there is much disease, the pain will be severe.

The disease, in whatever organ it may be, is always either *active*, or *passive*, and if it is *active*, when such pressure is made, *this pain, on every repetition of the pressure, will dart into the diseased organ, with a force or violence, proportioned to the intensity of the disease.*

FIG. 20.



These are the natural and scientific symptoms of the disease in its active and passive state in the organs—they are produced by natural causes, and are very plain, *invariable*, and easily understood.

When the disease has commenced in one organ or limb, it is frequently propagated from that to another organ or limb, as in the case of Mrs. J. P.—cases in which it is propagated from the tonsils and uvula to the lungs, and from the stomach to the lungs, and from the liver to the stomach, and from the uterus to the ankles, legs, and stomach, are very common.

In distinguishing the disease, and in tracing it in the different organs and limbs, I commenced and pursued the examinations as detailed in the cases appended to this work as I commonly do, without any previous knowledge of them. Any person of common education and capacity may easily distinguish the disease in the same way, in any of the organs or limbs.

In examining patients with chronic diseases, it should not be forgotten that the disease is sometimes in an active, but *most commonly* in a passive state. If the disease were constantly in an active state, patients would die with it in a few weeks, like those with acute diseases, instead of living as they do months, and sometimes years. We can always tell, in an instant, whether it is in an active or passive state; in the organs, by pressure in the proper places on the spine. If the disease is active, the pain produced by the pressure will dart into the diseased organ with a violence proportioned to the intensity of the disease, but if it is in a passive state, pressure produces pain in the spine only, which does not dart into the diseased organ as in its active state, but is more or less severe in proportion to the progress of the disease.

In many cases of the disease affecting the different organs, pain more or less severe is felt along the vertebræ, when none is felt in the diseased organ. We frequently find the same phenomenon in disease of the hip-joint, where the pain is in the knee instead of the hip.

Patients consequently refer the disease to the place where the pain is felt, and some physicians who have no more knowledge than they, agree with them, and apply their remedies to the same place. Large blisters have been applied to the knee, and cupping, blistering, setons, issues and the moxa to the spine in such cases without mercy during many months, and an enormous amount of suffering has been frequently endured in this way with little or no benefit to the patient.

Pain is also produced by pressure on the chronic enlargements or white swellings of the joints and limbs.

In these cases large tubercles, as well as smaller ones will be found on one or both sides of the neck or groin, and always on the same side with the disease.

CAUSE OF THE SYMPTOMS.

When, in the last stage of this disease, motion ceases in these organs, or death ensues, we find, on examination, that they are all enlarged, thickened or swollen, and their specific gravity much increased. On a further examination we find the primary lymphatic glands attached to the organs with the subsidiary glands in their substance, as also, those of the series along the side of the spine, with their satellites (connected with the organs through the spinal nerves) tuberculated.

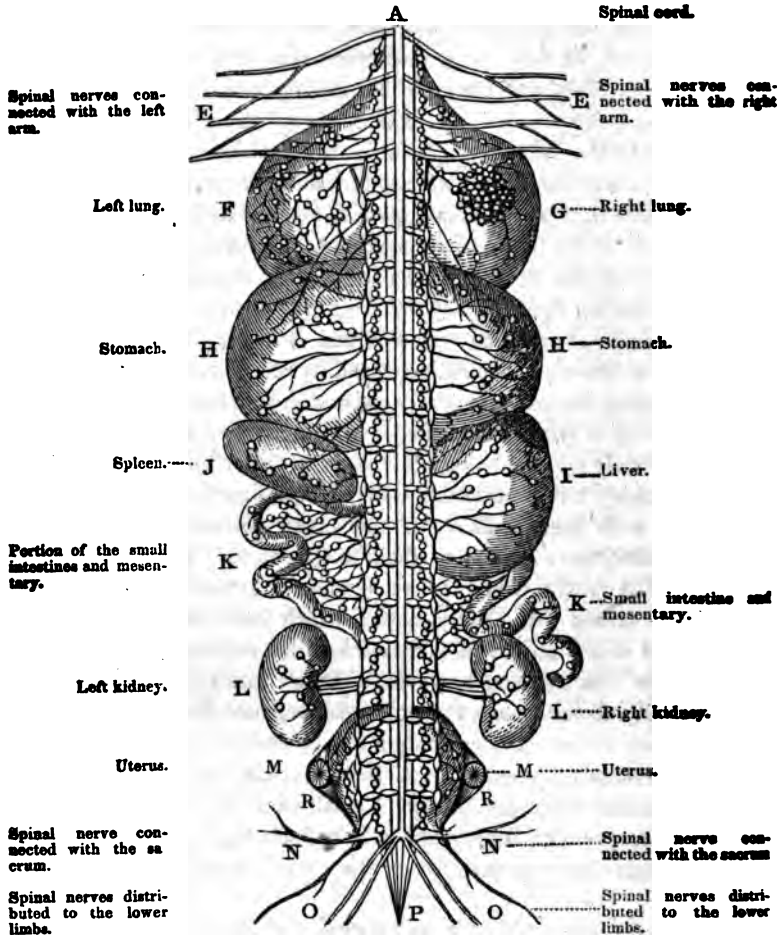
In tubercula of the lungs, or consumption, the tubercles are generally found occupying the upper portion of the lungs, and the left lung more frequently than the right. They are frequently formed in clusters, like clusters of grapes, as may be seen at F and G in Fig. 21, (representing a back view of the organs, spinal cord, and its connection with the spinal nerves, the great sympathetic nerves, with the ganglions or consecutive poles and series of lymphatic glands). At other times, the tubercles are seen either thinly scattered about in one, or in one and a part of another, or in both lungs; but at other times one or both lungs are nearly every where filled with them, and are in this organ generally of the size of peas, when they have arrived to their mature state. They then begin to soften in the middle, when the whole mass is gradually changed into a thin fluid, mixed with cheesy matter, which soon makes its way into the bronchial or air tubes, and excites cough and expectoration of tuberculous matter. Sometimes, however, although rarely, it makes its way into the cavity of the pleura, and produces pneumato-thorax.

In the cases where there are only a few tubercles in the lungs, and at a sufficient distance to prevent them from breaking into each other, and one or two soften down, and produce a small excavation, they do not necessarily endanger life; for in such cases patients may, and do live many years, although they may have two or three such excavations form every year.

In the cases where they are in clusters, and after one has softened down and produced a small excavation, others adjoining it soften down and break into it, and in a few days or weeks, produce in this way excavations proportioned to the size of the clusters; and these may be from half an inch to two inches in diameter; and when the whole of one or both lungs are nearly every where crowded with tubercles in a mature state, a large excavation is generally formed, which might contain an orange.

Hæmoptysis or hemorrhage from the lungs, frequently accompanies consumption; and when blood is raised in small quantities, not much exceeding a wine glass full, it is generally exuded from the mucous mem

Fig. 21.



brane of the bronchia, in place of its ordinary excretions, and is commonly a slight affection requiring little or no attention; but when raised in larger quantities, it is almost always the consequence of the effusion of blood into the air cells; and is an affection which, from its exact resemblance to the effusion of blood in the brain, in apoplexy, is now called pulmonary apoplexy.

These glands, around which the blood has been effused, are larger than natural, and are in clusters, and occupy a circumscribed space, commonly from one to three inches in diameter, in the centre of which a clot of blood is sometimes found.

Young people who lead a sedentary life, and do not consequently give to all their muscles, or the connecting substance of the organs, that exercise which is necessary to health, are very subject to hemorrhage from the lungs. The muscles and connecting substance do not have their natural exercise, and consequently do not get their natural portion of nourishment from the secreting organs. They become soft and weak, while the secretions or nourishment which should have been absorbed by them accumulate in the secreting organs, and distend them. The blood accumulates in the vessels around them, and bursts from the feeble barriers or connecting substance and muscles with which they are surrounded. The blood consequently either gushes from the lungs, when the patients generally linger a few months, or the heart or some of its large vessels give way, and they instantly sink never to rise again.

Hemorrhage from the lungs may also be produced by an aneurism breaking into the bronchia, or by the rupture of a blood vessel in an excavation; but these cases are very rare, and are quickly followed by death.

CHRONIC BRONCHITIS should not be confounded, as it frequently is, with tubercular consumption. It can always be distinguished from the latter disease by the absence of the symptoms we have given to distinguish it. Pressure on the space between the 7th and last cervical vertebrae, and first dorsal, produces no pain or effect whatever in chronic bronchitis, or pulmonary catarrh, as it is sometimes called, and dissections show it to be a chronic disease of the mucous glands of the membrane that lines the inside of the bronchial or air tubes of the lungs, which have no connection with the nerves of sensation.

The mucous membranes, therefore, have really no sensibility; and all their apparent sensibility is the consequence of the presence of the papillary lymphatic glands which rise from the serous membranes, conspicuously through them in some places, for the purposes of sensation, as in the tongue, nose, and genital organs.

In tubercula of the heart, its power or force is increased in the first stage of the disease, in consequence of the thickening and hardening of its walls, which either terminates in an effusion from its serous surface, and consequent dropsy of the chest, or in the last stage begins to soften down, become weak, till at length the blood bursts through its feeble barriers into the pericardium. In tubercula of the stomach H.H., called *dyspepsia*, the tubercles are generally small, and are found thinly scattered about in its membranes and in clusters, as seen in the figure, producing a thickening of the organ in patches of a size and number according with the dimensions of the clusters.

In tubercula of the liver I. the tubercles are sometimes in clusters,

and at other times only a few are found in it, as is frequently seen in the tuberculated livers of cattle and hogs.

Adhesions of the tuberculated portions of this organ are sometimes formed with the intestines, stomach, or peritoneum, through which tuberculous matter from its abscesses is discharged into the intestines, stomach, or on to the surface of the body.

In tubercula of the spleen J. and the kidneys L.L., the tuberculations are similar to those observed in the liver, and need not be repeated.

In tubercula of the intestines K.K., the disease is always found most intense in the small intestines, in consequence of their intimate connection with the mesenteric glands, involved in the same disease with their satellites in the membranes of these intestines at the same time. The tubercles are found more or less thinly scattered about in them, and in clusters, producing a thickening of these intestines in patches like those of the stomach, and at last terminate in ulceration.

In tubercula of the uterus M.M., called in its different stages amenorrhœa, leucorrhœa, menorrhagia, and chlorosis, the tubercles are in different cases found in different parts of it, sometimes in its body, at other times in its neck, and frequently in both, producing a thickening of its body, neck, and membranes, with an enlargement of a part or of the whole organ.

A suppression of the catamenia, more or less complete, or a mucous discharge from its mucous membrane, a muco-serous discharge from both the mucous and serous membranes, with prolapsus uteri, ulceration or hemorrhage are the uniform consequences of these tuberculations, involving either the whole or different parts of the structure.

In tubercula of the muscles, called in its first stage chronic rheumatism, the tubercles are generally found near the extremities of the muscles, or near the joints, and in its last stage in the fascia or membranes enclosing the muscles.

The swellings that arise over these tubercles, from the accumulation of their secretions in the lymphatic vessels, are soft and puffy, without discolouration of the skin, and are hence called white swellings, when affecting the limbs or joints of the limbs. They are, however, sometimes called by other names, when the disease appears along the joints of the spinal column, as King's evil in the neck, curvatura and distortion of the spine, spinal disease, spinal irritation, nervous disease, and nervous irritation of the spine, showing most conclusively an entire want of knowledge of the true character of the disease.

These swellings terminate in ulceration or abscess, and generally discharge their tuberculous matter upon the surfaces of the joints or limbs. The bones, like every other part of the body, are formed with the round

elementary bodies, including the lymphatic and other glands, with their vessels and nerves, but have a solid instead of the soft and elastic connecting substance of the organs, membranes, muscles, and skin, for the purpose of covering and protecting some, and of supporting every part of the whole system. When the disease commences in them, it goes through its natural order as it does in the organs, membranes, muscles, and skin, of tuberculation, swelling, and ulceration or abscess. In its active state, in bones of very hard texture, the pain is sometimes very violent, and of the kind called spasmodic, in consequence of their slow and difficult expansion; but there is generally but little pain, with long intervals of ease; and when, in the course of the disease, the elementary organs of which the bones are formed, are destroyed by ulceration, the small excavations, once occupied by them, are very conspicuous, and the channels of their vessels and nerves easily traced.

CAUSE OF THE TUBERCULATIONS.

The frequent changes in the atmosphere, from the positive to the negative state, and its modification at the same time by heat and cold, is a common cause of tubercula of the organs and limbs; because these changes and modifications of the atmosphere produce corresponding changes in the positive and negative states of our bodies, and modifications of the secretions and excretions.

When the organs or limbs are tuberculated from this or any other cause, they are more or less sensible to pressure, because it contracts them; but when the pressure is removed they expand, and the pain ceases. So when the atmosphere is damp and cold, it is in a negative state, and the attractions and contractions are prevailing over the repulsions and expansions, and contract the tuberculated organs or limbs, when such patients have more pain, and feel more dull and heavy than they do when the atmosphere is clear and dry, and in a positive state. For when the atmosphere changes from the positive to the negative state, the body changes at the same time from the positive to the negative state. When attractions and contractions commence in the tuberculated organs and limbs, and produce dull or aching pains, which torture such patients more or less, until the atmosphere changes from the negative to the positive state, when the pains cease, and they arise from their cots, throw open the doors, and walk abroad with buoyant spirits.

Tuberculated organs and limbs are also not only concomitant of, but frequently the consequence of intermittent, yellow, bilious, and typhus fevers, diarrhoeas and dysenteries, &c.

CHAPTER V.

Repulsive force expands, and the attractive force contracts—An organ or limb expands when its expansive force is prevailing over its attractive force—Nature reduces them by reversing this order—Two great divisions of matter—One of which repels and expands, and the other attracts and contracts—Alkalies and acids—Chlorine—Chlorides—Bitumen and iron—Absolute quantity of the magnetic forces in matter—Mr Faraday—Influence of magnetism on animals—Dr. Philip—Directions for using the magnetic remedies—Observations on them.

HAVING learned the symptoms by which we can with ease and certainty distinguish tubercula of the organs or limbs, and having also found the remote and proximate cause of these symptoms, we have surmounted the greatest difficulties we had to encounter, to effect the great object we had in view—that of saving from a premature grave a great number, every year, of the fairest and most talented portion of our race.

The object is therefore worthy of our greatest ambition, and we should pursue it with an ardor corresponding to its great importance.

Before undertaking to remedy disease, &c., it will be necessary for us to find the proper materials by which we may repair injuries to the human system as a machinist does to repair the injuries to a machine; and for this purpose, it will not only be necessary to refer to the laws of motion, but to the phenomena attendant on tubercular swellings of the organs and limbs.

We have seen in the illustrations of the laws of motion by which the body is governed, that repulsions expand and attractions contract. If then an organ or limb is increasing in size, it follows that the repulsive

and expansive force within the organ is prevailing over its attractive and contractive force. It also necessarily follows, that to reduce these swellings, it is important that the attractive and contractive force prevail over the repulsive and expansive force.

Nature frequently cures cases of this disease by a change in the action of these forces in this order. Thousands of cases of tubercular disease of the stomach, intestines, and liver, under the names of fevers, diarrhoeas, and dysenteries, produced in the hot months, when the repulsive and expansive force in the atmosphere is prevailing over its attractive and contractive force, are cured in the cool months, when the attractive and contractive force of the atmosphere is prevailing over the repulsive and expansive force. When the hot weather commences, then those diseases begin to appear; and when the change of season gives to cool weather the ascendant, they begin to disappear, as is well known to the most common observers.

If we can now find means to counteract the force by which the organs and limbs are thus expanded, we shall not only be able to assist nature in repairing the injuries sustained during the progress of these expansions in the hot months, but we shall be able to repair the injuries in the cases in which these natural influences have failed. On an examination of the natural constitution of matter, we find there are two great divisions in the earth, one of which has a contractive, and the other an expansive force; or the contractive force of one, and the expansive force of the other, have a great preponderance over their opposite forces. We allude to the acids and the alkalies. The immense quantity of muriatic acid, and of soda, required to form the muriate of soda or common salt in the ocean and in the land, shows that these two kinds of matter are very generally diffused, and were first condensed with the water from the gases which probably constituted our globe in its primeval state. And as the muriatic acid, or the chlorine gas concentrated in the muriate of soda, forms the basis of the other acids, or a large proportion of the acids of our earth, so it is probable soda or a gas concentrated in it, forms the base of the greatest number of alkaline bodies. However this may be, we know that chlorine combined with other negative matter, has a strong power of contraction; and soda united with other positive matter, a strong power of expansion. We have familiar examples of the first in the case of acids, and of the last in the case of soaps. If, therefore, we can convey to the tuberculated organs and limbs, constantly and steadily, a harmless negative matter, in quantities sufficient to make the attractions and contractions in the organs and limbs prevail over the repulsions and expansions, we ought to be able to cure these diseases in their first stages as uniformly as they are produced.

Physicians have long been in the habit of prescribing chlorine for their

patients, combined with negative matter—with mercury, under the names of chloride of mercury, commonly called muriate or oxy-muriate of mercury, and sub-chloride of mercury or calomel, and with iron, commonly called muriate of iron.

They have also been sometimes in the habit of prescribing it in combination with gold, under the names of chloride and per-chloride of gold, and these combinations have been taken into the stomach, mixed with the chyle, attracted to the heart, and then repelled from it, through the arteries, to every part of the body, or to every part of every organ, limb, or other structure.

These, with Iodine, to which I have already referred, are the remedies principally relied on by physicians to cure or palliate this class of diseases. They are, however, differently selected, and they are prescribed in doses differing according to the diversities of medical opinion. The difference in the intervals of time, also, in which these remedies are directed to be taken, is very great; and the result of such practice is that which might very naturally be expected—an almost constant failure in curing the disease, and consequently an entire want of confidence in their efficacy.

We have, on the contrary, very successfully, during a period of more than twenty-five years, prescribed chlorine, united with gold and other negative matter, (by processes which it would be both tedious and useless to describe here,) in the form of a pill, in the same quantity and in the same intervals of time, in all conditions of patients affected with chronic diseases of this class. Note A.

As the series of lymphatic glands or secreting organs along the spinal column, and their satellites around the vertebræ, with the spinal nerves are involved more or less in the disease of the organs with which they are connected,—I use, also, a plaster composed of bitumen and iron, placed on the spine, for the purpose of making the skin under it excrete a mucous or positive matter, instead of its natural aeriform or negative matter during the progress of the cure; and for the same reason, the plaster is also applied over the white swellings of any part of the body, joints or limbs. Large quantities of the magnetic forces are evolved in the process of the decomposition of these remedies in the organs, and on the surface of the skin, which increase the strength of the primary and consecutive poles situated within the organs—gradually reduce the tuberculated organs and limbs—remove the compression of the nerves and re-establish the natural action of the motive power of the system. Note B.

As a per-chloride of gold and soda is one of the principal articles that enter into the composition of the pills, we are pleased to be able to introduce here the following notice from a French periodical, of its effects

in the class of diseases in which we have so long used it, and to which our attention was directed by the kindness of a friend :

“ M. Legrand, to whom the profession is already indebted for a valuable work on the employment of salts of gold in the treatment of syphilis, has recently proposed in a memoir read before the Academy, apparently with much reason, the use of the same mineral in the cure of scrofula, when it affects the soft parts of the human frame, as the skin, the adipose and cellular tissue, certain parts of the mucous membranes, and particularly the lymphatic glands, both external and internal, and, in short, any texture not osseous or immediately connected with the osseous texture.

“ This agent, M. Legrand, exhibits, either externally by means of au-riferous frictions, or by dressing the sores with pure gold in the form of an impalpable powder mixed with lard ; or, internally, in the form of pills or pastilles, or rubbed on the mucous papillated surface of the tongue. In the first case, that of impalpable powder, one-sixtieth part, or about four or five grains of gold powder, are made into an ointment with half an ounce of lard. M. Legrand, however, thinks he has ascertained that it has not a medicinal action on the economy equal to that of the oxides or of the salts.

“ The forms of the mineral most strongly recommended are, the oxide of gold by potass ; the oxide of gold by tin, occasionally called the stannate of gold ; and, lastly, the per-chloride of gold and soda, more generally known under the name of the muriate of gold and soda, in the order now specified, the most energetic being placed last. These last preparations are indeed so active, that they cannot be administered in doses above 1-15th, 1-12th, or 1-10th of a grain ; and in large doses they would produce most serious disturbance in the economy.

“ These preparations, however, unlike antimony, arsenic, or mercury, are void of corrosive properties, and seem chiefly to excite the animal tissues to more salutary action ; and, according to M. Legrand, they are, when not sanative, not injurious. Hence their use may be much longer continued than those of the preparations of mercury or arsenic.”

M. Legrand is mistaken in supposing that the per-chloride of gold has a curative effect in disease of “ certain parts of the mucous membranes.” It has no effect whatever on the mucous glands, and no apparent effect upon any part of these membranes, nor has my combination of it, except in cases where the disease of the membrane is dependent on tubercular disease of the serous membrane to which it is united, and which disappears with the disease of the latter. He is also mistaken in supposing it has no sanative effect in osseous textures. It must be admitted, however, that it has very little, when used alone, compared to its action in the combination in which I use it.

The energy and efficiency with which these medicines must act, on the principles of magnetism, may be inferred from the following extract from Faraday's Researches on the "Absolute quantity of magnetism in matter."

"If two wires, one of platina and one of zinc, each one-eighteenth of an inch in diameter, placed five-sixteenths of an inch apart, and immersed to the depth of five-eighths of an inch in acid, consisting of one drop of oil of vitriol, and four ounces of distilled water, at a temperature of about 60 degrees Fahrenheit, and connected at the other extremities by a copper wire, eighteen feet long and one-eighteenth of an inch in thickness, yielded as much electricity (magnetism) in little more than three seconds of time, as a Leyden battery of fifteen equal jars of such a size that each contains one hundred and eighty-four square inches of glass, coated on both sides, independent of the bottoms, and charged by thirty turns of a very large and powerful plate electrical machine in full action. This quantity, though sufficient if passed at once through the head of a rat or cat, to have killed it as by a flash of lightning, was evolved by the mutual action of so small a portion of the zinc wire and water in contact with it, that the loss of weight sustained by either would be inappreciable by our most delicate instruments."

Mr. Faraday deduces from his experiments that the quantity of electricity belonging to a compound matter is identical with the quantity necessary to effect a separation into its elements. Hence may be inferred the enormous quantity of electricity contained in a single grain of water, from the quantity required for its decomposition. "It must be in quantity sufficient to sustain a platinum wire of an inch in thickness, red hot, in contact with the air, for three minutes and three-quarters." "I have endeavored," he says, "to make a comparison by the loss of weight of such a wire, in a given time, in such an acid, but the proportion is so high that I am almost afraid to mention it. It would appear that 800,000 such charges of the Leyden battery, as I have referred to, would be necessary to supply electricity sufficient to decompose a single grain of water; or, if I am right, to equal the quantity of electricity, which is naturally associated with the elements of that grain of water, endowing them with their natural chemical affinity."

The influence of magnetism on animals in augmenting the force of the contractions and expansions of the muscles, and in altering the morbid and establishing the natural secretion, has been proved by a great number of facts. The experiments of Dr. Philip are so well known to the medical and philosophical world, that it is almost an act of supererogation to repeat them; but as this little work is intended for all classes of readers, we deem it advisable to introduce an abstract of them. Dr. Philip "found that the secretion of the gastric juice in the stomach, which had been suspended

by the division of the 8th pair of nerves, was restored on establishing the voltaic current of electricity through the divided portion of the nerves next to the stomach. The accuracy of the experiment on which this conclusion is founded, was for a long time disputed; but it has been lately satisfactorily established, by their careful repetition at the Royal Institution by Dr. Philip, in conjunction with Mr. Brodie. Dr. Philip appears also to have succeeded in showing, that when the lungs and muscles are deprived of their proportion of the nervous influence, so that their functions are impeded, and the breathing has become difficult and laborious, increased facility is obtained in carrying on these movements by the stimulus of the galvanic power.

“It appears, then, from these facts, that the galvanic energy is capable of supplying the place of the nervous influence; so that, by means of its assistance, the stomach, otherwise inactive, digests its food as usual, and the muscular apparatus of the lungs are roused from a state of comparative torpor to one of healthy action.” Dr. Philip, indeed, contends “that the inferences deducible from these experiments establish the identity of galvanism, electricity, and nervous influence.”

Directions for using the remedies.

One pill must be taken night and morning, during three weeks, after which one pill every night; except in cases of children under three years and over one year and a half, when half of a pill only must be given every night on going to bed, until the disease is cured, no matter what the state of the stomach or intestines. In cases of children under a year and a half old and over three months, a quarter of a pill may be taken at bedtime in any convenient medium.

For children, the pill may be dissolved in water at the rate of four tea spoonsful of water to one pill, if care is taken to shake the solution well before using it.

Privation in dieting is neither necessary nor proper during the use of these pills; but on the contrary the most nourishing food must be taken in all cases where the stomach will bear it, and it will always be borne after a few days use of the pills.

Patients must not only take the most nourishing food, but must take any kind the appetite craves; that is when they have eat all they can of one kind of food, they may take what they can of another, and then of another, &c.

As soon as the swellings begin to lessen in the organs or limbs, the latter are flaccid and weak, and want support; they must get it from food.

Directions for using the Plaster in cases where the disease is affecting the organs, as in consumption, dyspepsia, &c.

In tubercula, or what is called scrofula or chronic disease, affecting the head or face, the plaster must be applied to the middle and upper part of the back of the neck or upper cervical vertebræ—in consumption, and also in chronic disease or hypertrophy of the heart, it must be applied over the lower half of the neck and extend down between the shoulders over the first, second, and third joints of the neck, or dorsal vertebræ—in dyspepsia it must be applied over the first, second, third, fourth, fifth and sixth joints of the back between the shoulders, or from the large and last joint of the neck to the seventh dorsal vertebræ—in chronic disease of the liver it must be applied over the seventh, eighth and ninth dorsal vertebræ—in chronic disease of the spleen it must be applied over the same vertebræ—in chronic disease of the intestines and mesentery or chronic diarrhœa, it must be applied over the eleventh and twelfth dorsal, and first and second lumbar vertebræ—in the uterus or chronic disease of this organ or leucorrhœa, chlorosis or menorrhagia, it must be applied over all the joints of the small of the back or lumbar vertebræ. In such cases, the leather or cloth for the plaster may be cut five inches wide, and spread very thin three inches wide, leaving a margin on the sides and ends of about an inch, and must be renewed by adding a little more of the plaster, as often as the plaster becomes loose and does not adhere. If the plaster is renewed very often, or oftener than once in two or three days, and spread thick, it will in some cases make the back very sore; and in such cases, it may be discontinued two or three days, or until the pimples it produces are healed, and then re-applied as before, and its use continued until the disease is cured.

As the disease very frequently affects more than one organ at the same time, as the stomach and liver, or the lungs, stomach and liver, the plaster should in such cases be placed over all the joints through which the spinal nerves are connected with the diseased organs.

In the cases in which the disease of the organs is not very severe, the pills alone will be sufficient to cure it without the aid of the plaster, and in the bad cases that would require two or three boxes of the pills, the plaster may generally be discontinued after the use of one or two boxes.

Directions for using the Plaster in white swellings of the limbs, jaw and neck, and in ulcers and abscesses.

The plaster must be spread very thin (it is no matter how thin) on india rubber cloth, which is much better than any other, or thick oiled silk, or the rough side of a piece of oil cloth, or on very thin and soft

leather, or on glazed cotton or linen cloth, and of a size sufficient to cover the tubercles, ulcers, abscesses, or white swellings, or painful part of the system, and applied to them and removed and renewed once in every day, either by adding a very little more of the plaster, and what will be barely sufficient to give it a new surface, or by spreading a new plaster.

If, on removing the plaster, much of it should adhere to the skin, it may be washed off with soap, and the plaster re-applied, and this course must be pursued until the tubercles, ulcers, and abscesses or white swellings are removed. Small vesicles appear under the plaster in a few days after it is applied filled with lymph, but they soon disappear, and others are formed and disappear, and require no attention whatever.

Observations on the use of the remedies in different cases.

When white swellings of the joints or limbs, over which these plasters are applied, are cured, they are always smaller than the corresponding well joints or limbs, unless from long continued disease the bones of a joint or limb have, before its application, become permanently enlarged.

There are ninety pills in a box, a number sufficient, with a box of plaster, to last a patient nine weeks, and to cure any of the recent cases of the disease in any of its forms. In cases, however, of long continuance, or in the last stage, it will sometimes, from obvious causes, which I have not room here to explain, require two or three boxes of each.

These remedies, which I have used in my practice for more than twenty-five years, and during the time I have been investigating the phenomena of tubercula, and about which there is no mistake, are very active, but never produce any injurious or disagreeable effect upon the stomach, or any other part of the system, or any other that is noticed by such patients, except a steady improvement in all the symptoms dependent on chronic tubercula.

Improvement in health* commences immediately, or very soon after the commencement of the use of the remedies, and their action continues steadily and forcibly, and cannot be easily diverted from their purpose, and the cure progresses steadily, with a steady increase of strength and flesh, unless it be checked by colds which sometimes retard, but rarely, or never, prevent a cure.

These remedies cure all the different forms of tubercula in their first stages, and a great majority of those in the last stage of the disease, known by the symptoms we have described, but called by different names according to their situation or other circumstances attending them, viz., scrofulous sore eyes, and ulcers of the cornea—ulcers of the ears—

disease of the antrum and nose—*tinca capitis* or scald head—king's evil and goitre in the neck—mercurial disease or chronic enlargement of the tongue and tonsils—chronic enlargement of the breast, or *mammæ*, including cancer in its first stage—phthisis or consumption—hypertrophy of, or chronic enlargement of the heart—dyspepsia, or chronic disease of the stomach—chronic disease of the liver, or liver complaint—*tabes mesenterica*, or chronic diarrhoea—chronic disease of the uterus, or leucorrhœa, amenorrhœa, chlorosis, menorrhagia, and incipient cancer of the uterus—ulcerated legs, fever sores—disease of the spine, disease of the hip joint—white swellings of the joints or limbs—morbid alterations of structure in the synovial membranes—chronic rheumatism (tuberculated muscles) or cases where one of these forms of the disease is complicated with the same disease in another organ or limb.

In typhus fevers the secreting organs or lymphatic glands of the small intestines with those of the mesentary, as well as the series along the spine, are always tuberculated, and dissections in such cases always show those of the small intestines and mesentary in a state of ulceration. Dissections also show that other organs are tuberculated at the same time, as the brain and its membranes, stomach, liver, &c.; and pressure along the spinal column shows that such patients have the symptoms of tuberculated organs. And these symptoms are, whenever they are present, the evident indications that these remedies are the true ones, no matter by what names systematic nosologists or other medical writers may have chosen to call the disease. In diseases which have been confounded by nosologists with tubercula, but which from the absence of these symptoms, as well as from the evidences of post mortem examinations, have manifestly no connexion with them, as in chronic bronchitis and other affections of the bronchial tubes, &c., these remedies are entirely useless.

The liver and spleen are frequently found to be enlarged during and after intermittent fevers; and we always find these symptoms in these fevers after the first or inflammatory stage is past, and we frequently find by these symptoms that the stomach or some other organ is tuberculated at the same time. We also find these symptoms in remittent or bilious fevers after the first or inflammatory stage; and when such patients do not begin to gain health and strength after that stage is past, it is almost always in consequence of the ulcerated state of the small intestines, (as is now well known to physicians) when these will be found to be the appropriate remedies. They have saved many such patients, as well as those with typhus fever, when in the last part of the last stage of the disease, after the common remedies had entirely failed.

Scarlet fever is acute tubercular disease of the serous surface of the muco-serous membrane of the throat, which is extended to other serous

surfaces, as those of the stomach, lungs, skin and other organs. It goes through its acute or inflammatory stage in four or five days, when it becomes chronic, and demands the use of these remedies to reduce the tuberculations, remove the great and extensive compressions of the nerves, and re-establish the natural action of the forces which produce motion in the system. When, therefore, such patients do not begin to recover soon after the acute stage is passed, no time should be lost in the application of these remedies.

The yearly number of cases in which we used these remedies was at first very few, but they gradually increased with the improvements in the remedies suggested by long experience, when in 1835, or from the 1st January, 1835, to December 31st of the same year, they amounted to 163. I took notes of these cases in which the disease, affecting the different organs and limbs, was in the proportion seen in the following schedule:—

Neck.....	18
Neck and eyes.....	2
Neck, nose, and spine.....	1
Neck, tongue, tonsils, and right leg.....	1
Neck, jaw, tonsils, ear, cerebellum, breast, heart, stomach, uterus, one arm and both legs.....	1
Neck and lung.....	2
Neck and stomach.....	1
Neck and mesentery.....	3
Tongue, tonsils, and uvula.....	1
Tongue, tonsils, and right leg.....	1
Nose and face.....	2
Lungs, (first stage).....	21
Lungs, last stage with tubercles in a mature state.....	1
Lungs, with excavations.....	5
Lungs and both legs, and one ankle, with excavation of both lungs.....	1
Heart.....	3
Heart and liver.....	4
Stomach.....	19
Liver.....	5
Stomach and lungs.....	18
Kidney (left).....	1
Liver and kidney (right).....	1
Liver and stomach.....	4
Liver with abscess.....	3

	Brought forward,	119
Mesentery		1
Uterus and legs		3
Uterus and lungs		2
Uterus and stomach		6
Joints and limbs		31
Unknown		1

Whole number of cases in 1835, 163

Of these cases the number cured is.....154

Cases not cured, in consequence of not using the remedies

a sufficient length of time..... 3

Of the cases which have died, the first was that of Master N., of Columbus, aged 16 or 17 years, whom I never saw, and of whose case I know nothing, except that it was about ten years since it commenced.

The second case was that of Mrs. B., of M., in the last part of the last stage of tubercula of the mesentery, with a frightful marasmus.

The third case was that of Mrs. K., of M., with a cancer of the uterus in a state of ulceration, complicated with abscess of the liver, which was discharging matter through the right side in four places.

The fourth case was that of Mr. W. W., of M. Michigan, with tuberculated right leg, left hand, heart, and scalp over the right frontal, and right parietal bones. The leg and also the scalp ulcerated in two places. He died of compression of the brain, in consequence of the injudicious use of nitrate of silver, which had been frequently applied by the direction of his physicians, to the upper part of the parietal bone, and penetrated through it to the brain, as shown by dissection.

The fifth case was that of Mrs. S., of Cincinnati, with tuberculated left lung in a mature state; and sixth, the case of Mrs. C., of Cincinnati, with hypertrophy of the heart, and excavation of both lungs.

We have taken but a few notes of the numerous cases in which we have used these remedies since 1835; but from all we have learned of the result of them, we are induced to believe that the proportion between those that have been cured by these remedies, and those in which they have failed, does not vary much from that shown in the above year, or from those of former years.

We are familiar with the use of the stethoscope, having used it in a great number of cases since 1824, and cannot be mistaken in regard to the excavations in the lungs mentioned in the above cases, which show results in the use of these remedies as a cure for tubercular disease entirely unknown to any other course of treatment. They also show the importance of commencing the use of these remedies in the early stage

of the disease in this organ, and the uncertainty of the results when in the last stage.

The cases of this disease affecting the neck, called king's evil, are all cured with these remedies, excepting only those which have terminated in cancer, and which are easily distinguished by physicians—first by the solidity of the tumor, with the close adherence and dark color of the skin, and lastly by its fungus ulcers with granulated surfaces and everted edges of the skin. The symptoms which I have so often mentioned, also enable us to distinguish tubercula from cancer of the mammæ or breast, in which these remedies, like every other, fail. All the other cases of tubercula, particularly white swellings of the body, joints, or limbs, yield readily under the use of these remedies, including those in a state of ulceration.

The cases of the disease in the stomach called dyspepsia, are generally cured with the greatest rapidity, probably in consequence of the great quantity of the magnetic forces evolved in the decomposition of the pills in that organ.

When the small intestines are tuberculated, the habit is costive in the first stage of the disease; but when in the last stage, the tubercles become ulcerated, the habit is changed, and diarrhœa commences. In either case these remedies uniformly (with very few exceptions) re-establish the natural habit in from three to fifteen days. There are a few cases of long standing that require a longer time to effect the same object, and there are cases in the last stage of consumption uncontrolled by these or any other remedies.

In the cases of costive habits, medicine should be taken once a day on commencing the use of these remedies, in quantities sufficient only to move the bowels every day, and the dose gradually lessened until it is no longer required.

In amenorrhœa, leucorrhœa, and menorrhagia, the uterus is always tuberculated, or more or less enlarged, and these enlargements of this organ are uniformly reduced by these remedies in the first stage of the disease, and a great proportion of those in the last stage, and the natural action of this organ is thereby re-established. These effects of the remedies are so constant and uniform, in such cases, as to require no aid from other remedies, excepting only such as are accompanied with displacement of the uterus, and called prolapsus-uteri.

When this organ is enlarged, its weight is increased, and the ligaments by which it is suspended dilate, and it descends more or less from its natural position, and in many cases so far as to require mechanical support during the progress of the cure.

When, therefore, there is so much displacement of this organ as to produce much inconvenience in walking, it should be supported in its

natural situation by some of the numerous contrivances invented for that purpose, until the tuberculations are reduced, and its ligaments contracted to sustain it again in its proper position.

The blood is magnetised, and a florid color imparted to it, by the forces evolved in the decomposition of the air in the lungs, and the same florid color is imparted to dark blood drawn from the arm, by conducting into it a stream of these forces.

In closing these observations it may, therefore, be useful to observe, that when blood is drawn from the veins of patients affected with chronic diseases, it is always of a very dark color, which imparts a dark, sallow, or unnatural color to the skin, both of which are uniformly found to be changed after one or two weeks use of the magnetic pills, to the light, florid, or natural color, and is no doubt the consequence of a chemical and healthy change in the character of the fluid, produced by magnetising it with the forces evolved in the decomposition of the pills.

The importance of such a change in the color, and healthy state of the blood, is very great, and any physician may satisfy himself that it is thus changed, by drawing blood from the arm, as I have frequently done, immediately before, and a few weeks after the commencement of the use of the remedies.

NOTE H.—A great change has recently been made all over Europe, in the practice of physicians, in regard to diet in *chronic diseases*. Instead of confining such patients to a low vegetable diet as formerly, they now proscribe vegetables, and direct a full meat diet; and this change of practice is represented every where as having the most salutary effect upon their patients.

CHAPTER VI

Tubercula of the left lung, stomach, and liver—Of the right lung—Of right lung, heart, stomach, liver, spleen, kidneys, spine, intestines, and uterus—Of lungs—Of lungs and uterus—Of the lungs with excavations—Of the lungs and neck—Of the right lung, with a large cluster of tubercles—Dr. Lawson's letter—Tubercula of stomach, heart, and eyes—Of the eyes—Of the antrum—Nose—Cerebrum and uterus—Stomach and uterus—Intestines and mesentery—Liver and stomach—Correspondence—Tubercula of the uterus, liver, stomach, and tonsils—Extract—Tubercula of the tongue, right tonsil, right leg, and right side of the neck—Lip—uterus.

TUBERCULA OF THE LUNGS.

Consumption.

Ms. G. W. B., of the city of New York, of light complexion and thin habit, aged 29 years, commenced the use of these remedies for consumption in April, 1839, they being prescribed by another physician, from whom, as well as from Mr. G. W. B., I obtained the following concise history of the case :

The disease commenced in August, 1833, with hemorrhage from the lungs, which was succeeded by cough and moderate expectoration, which continued to August, 1834, when the hemorrhage from the lungs was repeated. The cough and expectoration continued ; and in August, 1835, the hemorrhage was again repeated, and his strength much reduced. The quantity of blood raised each time being from half a pint to a pint. The cough and expectoration gradually increased after this last attack of

hemorrhage up to the time he commenced the use of the remedies, when he was pale, feeble, and much emaciated. His cough and expectoration then began to decrease; the color of his skin soon began to assume a more florid hue; his appetite increased, so that he soon gained strength and flesh; and when he had taken three boxes of the remedies, or in about six months, his health was fully re-established, and it continues very good to this time.

TUBERCULA OF THE LEFT LUNG.

Mr. R. H., of the city of New York, aged 30 years, had been out of health five years when he called to see me in June, 1837. On an examination of his case in the usual manner, I found him affected with tubercular disease of the lungs, stomach, and liver. The disease commenced first in the liver, and in about a year after was propagated to the stomach, and from thence to the lungs. This was about four months before he called on me, when cough and expectoration had commenced, which still continued. He was pale, feeble, and emaciated. Prescribed magnetic remedies. His health soon began to improve, but progressed at first slowly; yet, when he had used four boxes of these remedies, his health was entirely restored. He has since enjoyed as good health as any man.

TUBERCULA OF THE LUNGS.

Rapid Consumption.

Mrs. D. R., of the city of New York, of light complexion, aged 19 years, commenced coughing early in the fall of 1838, while in a state of gestation. This cough continued with little expectoration until after her confinement on the 23d of February, 1839, when they both began to increase, and in a few weeks the expectoration amounted to about a pint a day. Her feet and ankles began to swell, accompanied with other symptoms of approaching dissolution, when she commenced the use of the magnetic remedies under the advice of another physician, on the 4th of April following.

These remedies checked the further progress of the disease, and in 48 hours after she commenced the use of them, her symptoms were evidently better; her cough and expectoration gradually decreased; the swelling of her feet and ankles disappeared; her appetite and strength increased; and in about two months after she commenced the use of the remedies, and after she had used one box of them, she called with her husband at my office to inquire whether it would be necessary to use

them any longer. I advised her to use another box ; she did so, and has since enjoyed uninterrupted good health.

NEW YORK, *June 15, 1840*

I recognise, in the above description, fully the case of my wife.

SILAS REYNOLDS.

TUBERCULA OF THE RIGHT LUNG, HEART, STOMACH, LIVER, SPLEEN,
KIDNEYS, SPINE, INTESTINES AND UTERUS.

Mrs. P., of the City of New York, of light complexion, and small and slender frame. I was called to see her on the 20th May, 1837, and on examining her spine, found she had tubercula of the right lung, heart, stomach, liver, spleen, kidneys, intestines and uterus. On inquiry I found that she was married at the age of 15 years, and had suffered two abortions. The disease commenced about two years before in the uterus, with leucorrhœa, and was thence first propagated to the stomach, and thence to the liver, spleen, heart, kidneys, and at last to the right lung. In January of the above year, cough and expectoration commenced, and had continued to that time. The whole length of the spine was very sensitive to the touch, and she could consequently bear but very little pressure upon it. On her observing that there was some swelling along her back, I examined it, and found a white swelling along each side of the spine, extending from the sixth dorsal to the third lumbar vertebræ. As this was an extraordinary case of tubercular disease, involving so many organs, as well as the vertebræ at the same time, I requested the liberty of inviting several distinguished physicians to see it before I commenced the use of the remedies. This request being granted, I invited four of them to see it ; all of whom agreed, after an examination of the case, that it was hopeless of cure under the use of the common remedies. I then commenced the use of the magnetic remedies—the plaster to extend the whole length of the spine. Her health began to improve soon after. About the first of July, her cough and expectoration had increased during a few days, and on an examination of the chest with the stethoscope, I found an excavation in the upper part of the right lung, showing that a cluster of tubercles had softened down and made their way into the air tubes, and left an excavation since I first examined her lungs.

Her health soon after began to improve again—the white swellings of the vertebræ disappeared ; and in about seven weeks the excavation was healed and entirely closed, and her cough and expectoration also disappeared in a few months after. The other tuberculated organs were gradually reduced to the natural state ; and soon after the state of gestation was renewed, and continued through the natural period.

TUBERCULA OF THE LUNGS.

Rapid Consumption.

Mrs. P. S., of S., Hamilton county, Ohio, aged twenty-eight years. I was called to see her, September 16th, 1833. She had hectic fever, with cough, expectoration, night sweats, and diarrhoea. On applying the stethoscope to the chest, it gave the symptoms of tubercular engorgement of the left lung. These symptoms came on about three weeks before, and two weeks after her confinement with her last child. She had irregular pains in the left side of the chest for three months previous to her confinement, and was unable to sleep on her right side, as an attempt to do so increased the painful sensations in her left side. On examination, I found a number of tubercles on the left side of her neck, from the size of a pea to that of a large bean, and one on the side of the lower jaw of the same side, of the size of a small walnut. Two physicians had prescribed for her, but she continued to get worse, and her flesh and strength were wasting rapidly. Prescribed—magnetic pills and plaster. These alarming symptoms were checked in a few hours, her health soon began to improve, and in three weeks her cough, fever, night sweats, and diarrhoea had disappeared, and in another week her health was re-established. This was a case of rapid consumption, and she would not have survived under the common treatment more than *one or two weeks* longer.

TUBERCULA OF THE LUNGS.

Consumption.

Mrs. M. W——, of Union, Butler county, Ohio, aged 34 years. I was called to see her, August 22, 1834. She is above the middle stature, of dark complexion and slender form. Has enjoyed almost uninterrupted good health until about the first of June last, when she began to be feeble, and this feebleness continued, and in the last week in July began to cough, and in a few days after began to expectorate a thin and semi-transparent glutinous matter, and it was not until yesterday morning that the appearance of this matter changed to a yellow-white colour, and raised in a much larger quantity than usual, which now gave alarm for her safety and induced her to seek assistance. Her cough too had been attended with some degree of hoarseness after a few of the first days, and had increased so much that it was now with great difficulty that she could raise her voice above a whisper. Her flesh is wasting rapidly, and in the last few days has had a little fever, in the afternoon and evening, with a flush on her cheeks, and has begun to sweat in the after part of the night.

The catamenia has disappeared, and her eye has the clear and glassy appearance and expression which gives to her countenance that peculiar vivacity so characteristic of consumption. She has a tubercle of the size of a pea on the upper and outer side of the left lower jaw, and another of twice the size on the lower part of the neck, and near the clavicle of the right side, and both are very sore or tender. Pressure on the lower cervical vertebræ produces pain, which darts thence into the chest, and pressure on the tubercle near the clavicle produces pain which darts under the clavicle.

Prescribed, pills and plaster. The plaster 12 inches long and five broad, to be applied over the last cervical and upper dorsal vertebræ. One pill to be taken night and morning for three weeks, and then one every night, with the constant use of flannel chemise and drawers, and to continue her usual exercise and exposure to the atmosphere.

Her cough and hoarseness soon began to subside, and in about four weeks they had very nearly ceased, and she had gained considerable strength, when she took a severe cold, which increased her cough and hoarseness, and lessened her strength, but they began to subside again in a few days and soon disappeared.

October 28th. Examined her chest again with the stethoscope and found that the respiratory murmur, which at first was only heard very slightly in the lower part, and only in a few places in the upper part of the lungs, was now clear and distinct over their whole extent, but yet not so loud as in health.

November 14th. The tubercles which were at first nearly round and hard, have flattened down and nearly disappeared. The respiration is now loud and natural over the whole extent of both lungs. She has no cough, unless she gets a little cold, and then it is very slight, and no more than common, when enjoying good health, and has entirely lost the consumptive aspect of her countenance, and has nearly regained her usual flesh and strength.

December 15th. The catamenia has re-appeared after an absence of four months, and her health in all respects perfectly restored.

Her mother and two sisters have died with consumption.

Oct. 22, 1836. Her health continues good.

TUBERCULA AND EXCAVATION OF BOTH LUNGS.

Consumption.

Mrs. J. C., of Union, Butler county, Ohio, aged 36 years. Called to see her, May 28th, 1835.

She has been very subject to cough ten or eleven years, and has had five or six slight attacks of hemoptysis during the last two years, and in

the last part of March last, her cough and expectoration, after two or three successive colds, was much increased, and has continued to increase to this time. She has irregular fever and night sweats, and has had diarrhoea, which gradually disappeared after her feet and legs began to swell. They are now swelled nearly to the knee, and are œdematous, and she is much emaciated.

Pressure on the right side of the last cervical vertebræ produces pain, which, on every repetition of the pressure, darts into the right lung, and pressure on the left side of the same vertebræ produces pain, which darts into the left lung.

On applying the stethoscope to the chest, I found an excavation in the upper and front part of the left lung, and another near the middle of it, and a third in the front and upper part of the right lung. These excavations are not very large, and there are no tubercles in clusters in a mature state near them, or in any other part of the lungs.

Diagnosis. Tubercula and excavation of both lungs. Prescribed, magnetic pills and plaster. The action of these remedies commenced immediately, and in about four weeks her cough, fever, and expectoration had entirely disappeared, and the excavations were healed, and she had gained much flesh and strength. She has now, (July 4th,) no appearance of disease, excepting the swelling of her feet and legs, and this has almost all disappeared. November 4th, 1836. Her health continues good.

TUBERCULA OF THE NECK AND LUNGS.

King's Evil terminating in Consumption.

Mrs. L. B——, of Franklin, Warren county, Ohio, aged 35 years, came to me, August 16th 1832, with the form of scrofula called king's evil, which had been propagated to the lungs, and terminated in tubercular consumption.

The whole of the right side of her neck was covered with scars and ulcers, and they extended from thence down half the length of the shoulder blade, and half the length of the arm. There were sixteen ulcers discharging scrofulous matter, and a number of tubercles of different sizes, on her neck, arm and shoulder. She had hectic fever every day, with night sweats, and was coughing and raising large quantities of matter every day, and such as is raised in tubercular consumption. She was feeble and much emaciated. It was now more than six years since the disease commenced, and the tubercles began to suppurate; and more than five months since she began to cough and expectorate. On examining her chest with the stethoscope, it gave the symptoms of tubercular engorgement of the right lung. Prescribed the magnetic pills and plaster. In seven weeks from this time, she came to me again,

apparently cured. The ulcers were all healed—only one small tubercle remained, and that much lessened in size. Her fever and night sweats had disappeared, and her cough and expectoration had almost entirely ceased, and she had gained so much flesh and strength as to make her appear as well as any other person. Her health has continued good. Previous to her applying the magnetic remedies, physicians and doctors of all sorts had visited her; and her friends did not expect her to survive more than a few months.

TUBERCULA OF THE RIGHT LUNG.

Consumption.

Doctor B. S. Lawson, of Cincinnati, rather light complexion, tall and slender frame, aged 32 years. Called to see him about the last of October, 1836. His health, he informed me, had been gradually declining about eight years, and about the middle of August last, he began to cough and expectorate very freely. On examining his neck, found the submaxillary, and some of the cervical glands tuberculated; and on applying pressure on the last cervical vertebræ, it produced pain, but it was more severe when applied on the right side, between this vertebræ and the first dorsal, while pressure on the other vertebræ of the spine produced no pain or effect whatever.

I now applied the stethoscope to the right side of the chest, and soon found in the middle portion of it, a space of about three inches in diameter, where the respiration was entirely inaudible, indicating from the absence of the crepitous and mucous rattle, a large and solid cluster of tubercles, rendering this part of the lung impermeable and immovable. The respiration was natural all round this portion of the lung, and in every other part of the chest.

Diagnosis. Tubercula of the middle portion of the right lung. He now told me that a celebrated physician, who was attending him, had also examined him with the stethoscope, and with the same result. He also told me that percussion had been frequently applied, which uniformly gave a dull sound over that part of the lung. He has the usual pale, lean, and haggard look, or consumptive aspect of the countenance; and the emaciation has made considerable progress; and he is gradually sinking. He has had prescribed for him, and has pursued the usual antiphlogistic treatment, including a large emetic tartar plaster over the front portion of his right lung, (from which he suffered severely,) with low vegetable and milk diet.

Prescribed, magnetic pills and plaster, with no restriction in diet. He commenced gaining strength in a few days after, and in about seven weeks, or at the time he had finished taking one box of the pills, I examined him again with the stethoscope, when the respiration was as

audible, in the before-mentioned middle portion of the right lung, as in every other part of the chest, but presented now very clearly in this place, the sounds of bronchophony. His cough had now nearly abated, and he had gained in this time so much flesh, as to make him appear better than he does in his usual health; and has lost entirely the pale, haggard, and consumptive aspect of his countenance.

January 18, 1837. Examined his chest again. The sound of bronchophony in the circumscribed space in the middle portion of the right lung, and his cough and expectoration have ceased, and percussion gives now a full, clear sound.

He continues to gain flesh and strength, and his face, body, and limbs have now the full and rounded form of a person in full flesh, and the most perfect health.

It will be seen, that after distinguishing consumption by the new symptoms, the chest is, in most cases, explored with the stethoscope. This is done to ascertain the order and state of the tuberculations; for, although they are detected in the first dawning of the disease—even in many cases before the cough commences—yet we cannot tell, without the aid of auscultation, whether these tubercles are scattered about at a distance from each other, or are adjoining each other in small or large clusters, like clusters of grapes, or have softened down and produced a small reparable or a large irreparable excavation. Hence the doubt that must exist in regard to the curability of the disease in its last stages in this organ, by the natural remedies, without the aid of auscultation, and hence its importance in this, as well as in many other diseases of the chest; yet very few know any thing of its advantages, in consequence of a deplorable defect in the education of physicians.

“It may be useful for me to add to the above history of my case, that besides the most perfect restoration of my health, (for such I believe to be my happy fortune, as far as I can judge,) that the above remedies have been a great benefit to me in another point of view. My physician, and other gentlemen of the profession, aware of the great danger hanging over me, advised me to change my location for a more southerly one, as affording the only hope, not of a restoration of my health, but of prolonging my feeble existence; and beyond all doubt it was the best prescription in their power to make. Now, I do candidly believe, that my case was incurable under the common mode of practice, and that the most judicious practice known to the profession was pursued by him to whom I submitted my case. According to the above advice, I determined to remove to the south, and had commenced preparation by selling off a part of my property, when I was, by the kindness of a friend, (a physician, too,) directed to Dr. Sherwood and his remedies—for which I consider myself under eternal obligation to the Merciful Disposer of all good.

“I do believe that every case of incipient tubercular consumption may be radically cured by a use of the above remedies; and I feel it my duty to submit my case, with these few remarks, to the public, from the fact that thousands are carried to an untimely

grave, in spite of the most scientific practice of the schools—that would, in my opinion, have been, with all certainty, saved by a use of the *electro magnetic remedies*.

B. S. LAWSON, M. D

From the Cincinnati Whig.

Doctor Sherwood's Magnetic Remedies.

The following correspondence has been handed to us for publication, in the belief that it will interest as well as benefit the community. Doctor Lawson, who testifies to the value and efficacy of Dr. Sherwood's remedies, is a regular graduate of the Ohio Medical College, and a physician of good standing. We have, ourselves, made trial of the remedies, and think we derived essential benefit from them.

For the Daily Whig.

CINCINNATI, January 23, 1839.

Dr. LAWSON.—SIR: Having been informed that you have, during the last year past, prescribed in your practice Dr. Sherwood's Electro Magnetic Remedies in upwards of fifty cases, all of which were CHRONIC DISEASES, including scrofula, with great success, I take the liberty of making the inquiry of you, whether my informant was justified in making such a report from your own admission of the facts.

If you confirm this report, I should consider it a duty we owe to the cause of humanity to give it publicity as much as possible, and if false, we should disabuse the public mind of the imposition.

Dr. S. also challenges investigation as to the electro galvanic symptoms. Please inform me if you, in your practice, detect diseases by his method of examination

Respectfully,

B. W.

DEAR SIR: Your communication of the 23d instant was duly received, and an answer should more promptly have been given but for the want of a leisure hour, and a doubt resting on my mind in regard to the propriety of noticing anonymous letters.

Nothing, now, so much influences me to accede to your wish as a conviction of the importance of the facts which you wish to elicit from me, and thereby to diffuse them more generally through society.

I have a perfect detestation of every thing that has been presented to the world in the form of what has been generally denominated "quack medicines," and on this account I have always felt a delicacy in appending my name, or giving my influence to any thing which may justly be "dubbed" with such an appellation.

In the case of Sherwood's remedies, I am somewhat relieved from this difficulty, from two considerations: first, from the stubborn fact that, in my own person, I derived the most decided beneficial effects from their use, and at a time when all other means were pronounced as incompetent to a cure; and, in the second place, from being myself pretty well acquainted with the composition of the "remedies."

These two facts will serve as an apology for me, in candidly expressing my opinion with regard to the medicine. If I did not believe that thousands were suffering from diseases, incurable under any other system of practice, and certainly curable under this, I would not dare to offer one word in favor of Sherwood's remedies. From a conviction of this kind, I hesitate not, for one moment, to recommend them as infinitely superior, in chronic diseases, to any other course at present known to the medical profession.

I did use upwards of fifty boxes during the last year, and generally with success. I am, however, of the opinion, that in advanced stages of pulmonary consumption, they

are not so effectual as one would be led to suppose from reading Dr. Sherwood's pamphlet.

In almost every other form of scrofula, they have surpassed my most sanguine expectations. There are many citizens of Cincinnati who will certify to cures, in certain cases of long standing, which were not benefitted from any course which had been pursued, (and in these cases you know every thing is tried that is heard of,) and their certificates will be of sufficient variety, too, to prove all that is claimed for them, even by Dr. S. himself, with the single exception which I have made above.

I do not wish to be understood to convey the idea that they are infallible ; that is not my meaning, nor impression, concerning any thing on this earth ; but I do believe them to be as effectual in curing chronic diseases as ordinary remedies are in curing the ordinary diseases of our climate. I must be understood to have in view, in such a declaration as this, the exception which was made, and again referred to.

With regard to the symptoms, I believe that they cannot be gainsayed. I can detect, with the greatest certainty, the diseases called by Dr. Sherwood scrofula, without any previous knowledge of the patient, or of the history of his disease ; and this I do merely by an examination of the cervical glands and spinal column.

The ordinary course of feeling the pulse, looking at the tongue, and asking a hundred questions, more or less, is both useless, and a waste of time. I do not think that one skilled in this mode of examination can be deceived once in a hundred cases. In my practice, I pursue this mode of examination exclusively, with a great saving of time, and a much more satisfactory result. This is as much as I deem it now necessary to communicate.

Yours, &c.

To B. W

B. S. LAWSON

I had no knowledge of the above communication of Dr. Lawson, until two or three months after its publication ; and as there are now many physicians, both in this city and in the different States of the Union, who are practising the new symptoms and prescribing the magnetic remedies, I have introduced it here to show the opinion entertained of them by other physicians, who have tested the certainty of the one, and the efficacy of the other.

In the advanced stages of consumption mentioned, we have constantly stated the uncertainty of the results, and urged the necessity of commencing their use in the first stage of the disease, when cases like that of Dr. Lawson are uniformly cured by them ; and as the disease can now be easily distinguished, in the first stage as well as the last, there is now no longer any excuse for delaying their use until the patient is in the last stage, when the result must necessarily be uncertain.

In regard to the Doctor's allusion to secrecy I would remark, that in the course I have pursued to defray the expense of the investigation and cure of this class of diseases, through a long series of years, physicians have no just cause of complaint : for I tell them what the remedies are ; explain the principles of their action, and give them the evidence of their efficacy.

There is, however, a cause constantly operating to prevent many phy-

sicians from prescribing them in their practice, and that is a self-interest, which, with them, is paramount to every other; for they constantly prefer making up a bill against a patient of from fifty to five hundred dollars, with the old empirical and useless remedies, to a fee of as many cents for a bare prescription; and the tenacity with which they hang on to the *valuable* cases is truly astonishing to the uninitiated, as they uniformly prefer to see them sink into their graves, than saved from it by another physician.

TUBERCULA OF THE STOMACH AND LIVER.

Dyspepsia and chronic disease of the liver.

Mr. J. B., of the city of New York, aged 28 years, called to consult me in August, 1837. He had dyspepsia and chronic disease of the liver, with which he had been affected about two years and a half. He had a sallow countenance, and was much emaciated.

Prescribed magnetic remedies. His health speedily began to improve, the sallowness of his countenance disappeared; and in about four months his health was fully restored, and has continued good to this time.

TUBERCULA OF THE STOMACH, HEART, AND EYES.

Dyspepsia, enlargement of the heart, and scrofulous sore eyes.

Mr. H. B. C., of the city of New York, aged 25 years, called to consult me in May, 1837. He had been out of health about ten years, was much emaciated, and was suffering severely with dyspepsia, hypertrophy of the heart, and scrofulous sore eyes.

The disease of the stomach commenced, in 1828, with the usual symptoms of dyspepsia, which had continued with varying severity. In 1831, he began to feel a hard beating of the heart, and, in 1834, the disease commenced in both eyes. He had consulted and been under the care of a number of distinguished physicians, without having received any material benefit. Prescribed magnetic remedies. His health commenced improving immediately, and in about six months was entirely restored, and continues good to this time.

NEW YORK, JUNE 12, 1840.

I have read the above concise history of my case, and am pleased to have an opportunity to add my testimony to the value of the above-mentioned remedies, for I had given up all hopes of being cured long before I was induced to try them.

H. B. COWLES, 198 Broadway.

TUBERCULA OF THE EYES.

Scrofulous sore eyes.

Miss M. Wilkinson, of Syracuse, N. Y., aged 8 years. She had scrofulous sore eyes, with ulcers of the cornea. The disease commenced in 1836, when she was about a year and a half old. It gradually grew worse, and she became blind in about eight months from the time it commenced, and continued so until the spring of 1838, when she commenced the use of the magnetic remedies. In two weeks after she began to see, and in three weeks could see very well, when the shade she had worn a year and a half was removed from her eyes. I saw her in July of the same year, when her eyes were entirely well, and she enjoying fine health.

Her father is wealthy, well educated, and intelligent, and obtained the attendance and advice of the best physicians in the case; but the disease continued to make progress until it was arrested by these remedies.

TUBERCULA OF THE ANTRUM, NOSE, STOMACH, UTERUS, AND CEREBRUM

Disease of the antrum, nose, dyspepsia, and leucorrhœa.

Mrs. J. C——, of S——, Hamilton county, Ohio, light complexion, middling stature and habit, aged 34 years. Called to see her, March 6th, 1833. She has severe pain in the cavity under the cheek bone, from which tuberculous matter issues into the left nostril, and the septum (division) of the nose is perforated at a point opposite to the place where the matter issues, and is also with the nose painful, and a little tumefied. The disease commenced with pain in the antrum, more than two years since, and after it had continued a few weeks, began to discharge a thin and sometimes bloody matter, which gave her much relief for a few weeks, when the discharge ceased, and the pain returned with its accustomed violence, and has pursued the same course to this time.

The pain, after the discharge ceases, is spasmodic, and a few months since extended to the left and front portion of the brain, and about two weeks since commenced in the scalp.

Having no time to spare for further inquiry, I commenced the examination of the spine; and first, with the first cervical vertebræ, and pressed hard with the fingers on a number of small tubercles on the left side, which produced severe pain, and which darted with such violence into the head, scalp, and antrum, as to prevent her from allowing me on any account to repeat the pressure; and I passed to the dorsal vertebræ, pressure on the third and fourth produced pain, which darted into the

stomach; and pressure on the second, third, and fourth lumbar vertebræ, produced pain, which darted into the uterus.

I now described to her symptoms of dyspepsia and leucorrhœa, which had been affecting her more than a year. Note D.

The pain in her head is confined entirely to the front and left portion, and never passes the longitudinal sinus. A number of physicians and steam doctors have attended and prescribed for her, during a period of more than two years, but the disease continued to get worse.

Diagnosis. Tubercula of the left antrum, nose, left and front portion of cerebrum, left side of the scalp, and of the stomach and uterus.

Prescribed magnetic pills and plaster. Her health soon began to improve; and in seven weeks the antrum and nose were healed, and her health in all respects restored, and she had gained nearly her usual flesh and strength.

TUBERCULA OF STOMACH AND UTERUS.

Dyspepsia and Leucorrhœa.

Miss M. D——, of dark complexion, and naturally full habit, called on me May 28, 1833, with the usual symptoms of dyspepsia and leucorrhœa. The disease commenced about a year ago with leucorrhœa, and it soon extended to the stomach; she has no vomitings, but distress, and sometimes pain in the stomach, and at others in the right or left side of the lower part of the chest, or between the shoulders, with palpitations, and accompanied more or less with pain or weakness in the small of the back. She says she has lost considerable flesh, and is feeble and unable to labor, as an attempt to do so, or to walk up a hill, or up stairs, produces or increases the palpitations, when she feels faint, and is soon out of breath.

Pressure on the 2d, 3d, and 4th dorsal vertebræ, produces pain, which darts into the stomach; and pressure on the 3d, 4th, and 5th lumbar vertebræ, produces pain, which darts violently into the region of the uterus.

Diagnosis. Tubercula of the stomach and uterus. Prescribed magnetic pills and plaster. Her health soon began to improve, and in six weeks was fully restored.

TUBERCULA OF THE INTESTINES AND MESENTERY.

Tubes Mesenterica and Diarrhœa.

Master M. G. M., of Cincinnati, aged three years. I called to see him, August 25th, 1834. He has an enlargement of the abdomen and diarrhœa.

The disease commenced when he was three or four weeks old, and has continued to this time. His limbs are very slender, and his muscles soft and flaccid, and his joints appear very large proportioned to the size of his limbs. He has five or six tubercles on each side of his neck, ~~some~~ of them very large. Two or three physicians have attended and prescribed for him at different times without any apparent benefit.

Diagnosis. Chronic tubercula of the intestines and mesentery. Prescribed magnetic pills and plaster.

The diarrhoea disappeared in a few days, and the enlargement of the abdomen, with the tubercles, began gradually to subside, and in seven or eight weeks they disappeared, and he had gained considerable flesh and strength, and had no appearance of disease, and his health continues good.

TUBERCULA OF THE LIVER AND STOMACH.

Mr. W. H., merchant, of Louisville, Ky., aged 29 years, came up to me, April—, 1836, and informed me that he had been out of health a number of years; when I told him, as I generally do patients with chronic diseases, that it was all I wanted to hear about his case, as I would try to ascertain myself what his disease was, and where it was affecting him. He was pale, and on his removing his coat and vest, saw he was much emaciated. Pressure along the cervical vertebræ did not hurt him, but moderate pressure on the 2d dorsal produced severe pain, which darted into the stomach with such violence, as to produce excessive faintness for nearly half an hour. Pressure on the right side of the 7th and 8th, and 8th and 9th dorsal, produced severe pain, which darted into the liver. Pressure on the other vertebræ, below these, produced no pain or effect whatever.

Diagnosis. Tubercula of the liver and stomach. The disease, Mr. H. now informed me, commenced in the liver about five years ago, and about three years since extended to the stomach. He has consulted a number of physicians, east and west of the mountains, and has taken a great variety of remedies recommended by them, besides a great variety of nostrums, including Swaim's Panacea, but has been gradually growing worse, and so much so, that during the last year, he has not been able to take any food upon his stomach, excepting dry toast, without butter, and cocoa.

Prescribed, magnetic pills and plaster, and told him, as I commonly do, that he *must* commence getting well immediately, and that in about three days his stomach would bear, and that he must commence eating any kind of food that his appetite craved, and that in one week he might eat as much as it craved; and that in ten or twelve weeks, his health,

flesh, and strength would be re-established. I did not see Mr. H. again until November 6th, when I found him enjoying fine health.

TUBERCULA OF THE LIVER AND EYES.

Mr. J. H. Esq., of L., Ohio, aged 34 years, called for advice, May 12, 1835. On examining the spine, I commenced between the first joint of the neck and scull, and pressed in the spaces between the joints below, one after another, and it produced no pain until I had descended to the space on the right side, between the 7th and 8th dorsal, when pressure between these, and between the 8th and 9th produced pain, which on every repetition of the pressure, darted into the liver. Pressure along the joints below these, produced no pain or effect whatever. On inquiring into the history of this case, I found the disease commenced in the liver, about six years ago, and has terminated in abscess, and broke and discharged through the intestines, four different times during this period. He is now feeble, and just recovering from the formation and discharge of the last one, which had reduced him nearly to death, and from which he and his physicians had but little hope of his recovery.

Mr. H. brought with him his son, aged three years, with hereditary scrofulous sore eyes. The eye-lids of both eyes are very much swollen and inflamed, and the inflammation extended over both eye-balls which had two ulcers of the cornea. The light was so painful to the eyes, as to render it necessary for him to hold a handkerchief almost constantly over them. The ganglia, or line of glands on both sides of his neck, with the submaxillary under the jaws, were very much enlarged and painful under pressure. The disease commenced more than two years since, and he has, since that time, been subjected to thorough courses of treatment, with the most popular remedies, without any apparent benefit.

The magnetic remedies were prescribed, and were effectual remedies in both of these cases.

The following correspondence on the subject of the efficacy of my remedies in chronic diseases, (of which I had no knowledge at the time it took place) has been handed to me for publication.

LOUISVILLE, July 12, 1836.

Mr. W. Foulke,

SIR: Your favor of the 25th ult. was received and handed to Mr. Wm. Hanna, of this city, who said he would most cheerfully make a statement of the effect of Dr. Sherwood's medicine in his case, if by doing so he could relieve one person from a disease under which he had suffered so much. His statement is on the preceding page, and is but one out of many cases that have come under my observation, with a similar result.

Very respectfully,

DAVID HOBBS.

LOUISVILLE, July, 1838.

Mr. W. Foulke,

DEAR SIR: Mr. Hobbs having placed in my hand a letter from you, asking the opinion of persons in this city who have used Dr. Sherwood's pills and plaster, as also a statement of their individual case, I, as one of them, beg leave to state that about seven years since I was afflicted with what was called dyspepsia—my affliction consisted in almost constant pain in the bowels, stomach, side, back and head, the former so much so, that after eating, it was excruciating. For the first three years, I was under the treatment of the most eminent physicians in Baltimore, Philadelphia, and this city, without the least relief, and by all of them pronounced incurable. I then resorted to all the nostrums to be had, but with similar result.

On my return from the east, in the Spring of 1836, I was induced by my friend Mr. Hobbs, (who offered to accompany me) to visit Dr. Sherwood, at Hamilton, Ohio, who, on our arrival, proceeded to examine me, (according to the manner directed in several pamphlets since published) but my case was so bad, that he considered the operation might prove fatal if he continued; and consequently he felt doubtful of effecting the cure of so bad a subject. I, however, determined whilst there was a hope, to continue every medicine that offered, and at once commenced with the pills and plaster, which, after the third day, gave me great relief; and before I had finished two boxes became as well, and have continued so as I ever was during my life. I had lived for two years entirely on bread and tea. I was the first in this city that ever took the pills; but from the knowledge of my situation and cure, hundreds of others have since been relieved. For a more particular statement of my case I refer you to Dr. Sherwood's pamphlet, page —

Respectfully, dear sir, your obedient servant,

WILLIAM HANNA

CINCINNATI, July 9th, 1838.

Mr. W. Foulke,

DEAR SIR: Your letter of the 25th June reached me in due course of mail, and in answer I can only say in regard to Sherwood's electro-magnetic remedies, or pills and plaster, that my youngest daughter was severely afflicted with scrofula, and for several months I availed myself of the best medical skill our city afforded, and all without success. Indeed, the disease continued to increase, and the eruption extended from her body into her face, nose, ears, and eyes, until we were obliged to keep her confined to a dark room, and almost despaired of her restoration. In this situation I was induced to make the experiment, and try the pills and plaster, the result of which was, in a few weeks, my child began to improve, and continued to improve until she was entirely restored, leaving nothing but some of the scars caused by the disease. She is now in fine health, and no indication of scrofula, and I have no doubt it is an effectual remedy for that distressing disease.

In regard to the application of it to myself I cannot speak in so strong terms. For several months I have had a severe cough, and my lungs considerably affected. I tried this medicine only so far as to take one box of the pills. I also travelled into the country, and my health is much improved, but the travel, exercise, and change of air was, doubtless, of great service to me; and in my own case, I know not how far I ought to attribute efficacy to the medicine. I shall be in your city some weeks—expect to reach there about 25th inst.—and if you should wish to see me, by calling on Mr. G. W. Richards, merchant, on Front street, he can inform you where I will be found.

Respectfully, yours,

WILLIAM McLEAN

CINCINNATI, July 2, 1838.

Mr. W. Foulke,

DEAR SIR: Your favor of the 25th is at hand. Agreeable to your request, I give a short history of my wife's case, and the result.

She had been afflicted for 8 years, and had become a confirmed dyspeptic—so much so, that she had not eaten a meal of victuals for 2 years, of any kind, without distressing her, and was seldom able to go out much. At this stage of the disease, and after exhausting all resources of medical skill, (I had concluded that travelling for her health was the only chance for her recovery). She earnestly solicited me to procure her a box of Sherwood's pills and plaster. I endeavored to persuade her, that they were like all other similar medicines, having no faith in them myself. But still she could not be persuaded to abandon the idea of trying them, as she had heard of several of her friends who had received benefit from them. After some month's delay, I purchased a box of them merely to gratify her. But, contrary to my expectations, she soon began to improve, and in 6 or 8 weeks could partake of any kind of food with the rest of the family, and from that time to this (18 months) has been free from any appearance of a return of the disease. She has used about two boxes.

Yours, Respectfully,

E. WHIPPLE

CINCINNATI, July 3, 1838.

Mr. W. Foulke,

DEAR SIR: In a line received this day, you request me to give you the history of my wife's case, in connexion with the application and effect of Sherwood's electro-magnetic remedies. I take pleasure in answering your inquiries, so far as my limited knowledge of the progress of disease and the effect of medicine will permit.

My wife is 19 years of age, of a very frail and delicate constitution. Prior to, or about the first of January last, she had enjoyed good health. About that time (perhaps a little before) she commenced declining, indigestion, and want of appetite, together with extreme weakness, indicated the approach of more serious disease. A few weeks passed, and she commenced coughing—her cough was of a dry, husky character, at first unaccompanied with expectoration. I was under serious apprehension that the consumption which had cut down, prematurely, her father and mother, and many other members of the family, had marked her for its victim, and commenced its work. At first, I resorted to some of the celebrated remedies for diseases of this kind (among which were the "Watasia," and the "Vegetable Pulmonary Balsam," but all to no purpose.

Her cough increased daily, attended with profuse expectoration, and she was rapidly wasting away.

About six weeks after her cough commenced, I was induced to try Sherwood's remedies, confident that the ordinary practice of the physicians would only facilitate her departure, at the same time, doubting the efficacy of these remedies.

The day after she had taken the first pill, she had an unusual appetite for food, and I thought her cough during the night had not been so constant or severe. In three or four days, her cough and expectoration ceased, (the blue pill was abandoned) the tone of her stomach was restored, her strength increased, and she could partake of the strongest diet, without injury or inconvenience. From that time to the present, her health (with the exception of occasional colds) has been good.

She has taken a part of two boxes. Whether the relief which they have afforded is temporary or not, time only can determine. I feel thankful to the Giver of all good, that I was directed to the use of these remedies.

From this, and some other cases which have come within my own observation, I have no hesitation in recommending them to all who may be afflicted with scrofulous diseases, by whatever name they may be called.

I would, at least, say, try them.

Your's, &c.,

SAMUEL F. CARY.

Mr. Foulke, to whom the above letters were addressed, resides in Philadelphia—had been out of health many years, and a long time under the treatment of the *elite* of our art in that city, when he commenced the above correspondence (as I am informed) to ascertain what would probably be the effect of the remedies in his case. I am also informed that Mr. Foulke used the remedies, and that their effect in his case, fully justified the character given them by his correspondents.

TUBERCULA OF THE UTERUS, LIVER, STOMACH, TONSILS, PALATE, AND CEREBELLUM.

Mrs. T. S——, of F., Butler Co., Ohio, aged 31 years. She came to see me, August 14, 1836, and said she had been out of health about 5 years. The examination in her case was commenced as usual, by an examination of the spine, and first, of the first cervical vertebræ.

Pressure on a small tubercle of the right side of it produced severe pain, which darted into the right side of the throat, and right side of the head. Pressure on the left side of it produced pain which darted into the left side of her throat. Pressure on the sides of the second joint also produced pain, which darted into the upper and front part of the neck. Pressure on the second, third, fourth and fifth dorsal, produced severe pain, which darted into the stomach. Pressure on the right side of the seventh, eighth and ninth, produced severe pain also, which darted into the region of the liver. Pressure on the third and fourth lumbar was painful. Pressure on the other cervical, dorsal and lumbar vertebræ, produced no pain or effect whatever.

I now examined the line of glands along the neck, and under the jaws, and found them very much enlarged, and told her that her tonsils and palate were enlarged, and that she had dyspepsia, chronic inflammation of the liver, and leucorrhœa, besides swellings of some of her limbs.

She said that was right, and that the disease originated in the uterus five years before, and about a year after, it commenced in her liver, and in a few months after that, in her stomach; and that it was now nearly three months since her ankles and legs began to swell. It is now a year since her catamenia disappeared, and they have not since returned. On

examining her throat, I found the tonsils and palate very much enlarged, and the tongue one-third larger than natural. The tonsils were very sensible to pressure, and had, with the palate and rest of the throat, a dark red colour, and during the last few weeks the act of deglutition, or of swallowing solid food, had been difficult and painful. She had had more or less pain in the right side of her head with dizziness, during the last few months. She was also very pale, feeble and emaciated. A number of physicians have attended her one after another, for a long time, but the disease continued to make progress, and after years of suffering, which can only be appreciated by persons of her sex, she was in the last part of the last stage of disease, and death, under the common treatment, would soon have closed the scene. Prescribed, pills and plaster. One plaster to be applied over the first, second, and third joints of the neck and of a length sufficient to extend from ear to ear. One 5 inches wide and 16 inches long, to extend from the 6th joint of the neck, to the 10th dorsal; and another over all the lumbar vertebræ, and also to use the pills according to the directions in the pamphlet.

I told her, as I commonly do, that she *must* commence getting well immediately, and that in from three days to a week, she would notice it distinctly, and would in that time be able to eat any kind of food, with a good appetite, and without any disturbance of the stomach; and that in from eight to ten weeks she would be entirely well.

I never saw or heard of this patient, or her husband, before she called on me at the above date, and never saw or heard of her again until October 24, when in passing near her residence, I called to see her. Her husband, on my inquiring after her health, before I went into the house, told me, he "believed she was about well." On making the same inquiry of her, she told me she "believed she was entirely well;" and on my asking her if there was no mistake about it, she told me: "no, she thought there could be none," and asked me to "observe the difference in the colour of her skin, and the flesh she had gained;" and then presented to me one arm, to see how hard or solid the flesh was. She also observed, "that her catamenia had returned, and that she had been twice, since she saw me, as regular in that way, as she ever was;" and besides, "that she commenced work as usual when she was well, about two weeks since, and had in that time done a great deal of work, which did not appear to injure her."

I told her that it all looked very fair, but that the change appeared so very great in so short a time, that I would like to examine her back, and see if there was no mistake about it. She told me I might as much as I had a mind to, for she "thought it was perfectly sound." I accordingly examined it in the usual way, and found she was right.

It will be observed that in describing the cases, and the effects of these

remedies, I have generally been very brief, but have said more of this case in consequence of its great importance to females ; for the disease generally commences in them at an adult age, in the uterus, as it did in this case, and then, after a few months or years, is extended to other organs and limbs.

The above case is not an uncommon one, for the day previous to the one on which I prescribed for this case, I was called to prescribe for another.

Mrs. W. F., of the town of R., aged 21 years, affected in all respects as in the above case, except that the tonsils and tubercles in the upper part of the neck were much larger. After, however, the common remedies had entirely failed in her case, she was induced to try the effects of travelling, and visited some of the principal eastern cities—got the advice of some of the physicians of those cities, and on her return, her husband came to me, and told me that “he wanted me to call and see her, as he had become satisfied that she must die, unless I could save her.” I accordingly visited her, and commenced and went through with the examination of the spine in the same way, as in the case of Mrs. S., and then described to her the disease in the different organs and limbs, and prescribed the same remedies. I then, as in the case of Mrs. S., told her she must commence getting well immediately, and the cure would continue steadily, unless it was retarded by colds, and that she must be well in ten or twelve weeks.

She did accordingly begin to get well as I had told her. I called once in two or three weeks to see her progress, and the last time, the day after I called on Mrs. S., and found her situation, in all respects like Mrs. S.—’s, except that her tonsils and the tubercles under the jaws, although greatly reduced, had not entirely disappeared—and she was directed to continue the use of the remedies. Dec. 4. The tubercles, I have learnt from her mother, have disappeared, and her health is entirely restored.

Mrs. A. H., of Louisville, Ky., aged 21 years. She, like the above cases, had the disease affecting the liver, stomach, and uterus, and a few months since, her throat. She, like Mrs. W. F., after the use of a great variety of remedies, recommended by her physicians, went to one of the eastern cities. She, however, returned a few months after, and gradually growing worse, was in a few weeks confined to her bed. The disease continued to make progress, and in a few weeks more a number of physicians were called in consultation, but her symptoms continued to grow worse.

Magnetic pills and plaster were now prescribed. She began to get well immediately after, and in a few days was able to sit up and walk her room, and in two weeks was promenading the streets. It is now (Nov. 8th, 1836,) only five weeks since she commenced the use of these remedies, and although the usual time has not elapsed to perfect a cure, she has gained so much flesh and strength, as to make her appear to a stranger, as well, and in as good spirits, as any other person. Yet she is rather thin or slender, and has not regained her natural fleshiness, and pressure on the 1st and 2d cervical, 2d, 3d, 4th, and 5th, and 7th, 8th, and 9th dorsal, and 3d and 4th lumbar vertebræ, produced pain. Continued the remedies.

December 16th. Her face has now the full and rounded form, and she has fully regained her natural flesh. On applying pressure now, on each of the vertebræ, along the whole line of the spinal column, it produced no pain or effect whatever. Her health is now in all respects fully re-established, and I directed the remedies to be discontinued.

TUBERCULA OF THE STOMACH. *

Dyspepsia.

The following scrap was cut from the *Cincinnati Whig* :—

GENTLEMEN: I noticed some time since, a communication, published in the *Cincinnati Whig*, signed by Dr. Lawson, in which he speaks with great confidence and certainty, of the good effects of "Sherwood's Remedies," as prescribed by him in his practice, in the cure of various forms of scrofula.

It gives me pleasure to add my own conviction of their efficacy in the cure of dyspepsia. For many years, this disease had preyed upon my constitution, and in the summer of 1836, and winter of 1837, my digestive organs had become so much impaired, that almost every kind of food, taken as nourishment, created the most intense suffering. My flesh had wasted away, and my whole system had become so much debilitated, as scarcely to give me strength sufficient to leave my room. I had become discouraged, and despaired of ever again regaining my health, and looked upon death as the only sure relief of my sufferings. Many of my friends and acquaintances, with the knowledge that my disease seemed to baffle the skill of several eminent physicians, had despaired of my recovery, and had made up their minds that I must soon be numbered among the dead.

At this stage of the disease, I was advised by some one to make trial of "Sherwood's electro-magnetic remedies." As a last resort, I was willing to lay hold of any thing that would relieve me, and lost no time in procuring a box, and commenced their use. In the course of a few weeks, I found my strength gradually to increase, and my food (such as my appetite craved) no longer gave me distress. My former

flow of spirits again returned, my slumbers became sound, and undisturbed by horrid dreams, and my constitution, in a short time, became restored to its former flesh, health, and vigor. It is now more than two years (1839) since I recovered my health, and have withheld giving publicity to my case, until I could, without the fear of contradiction, speak of the permanency of the cure. I would advise, especially, all dyspeptics to lose no time in procuring these remedies, and to give them a fair trial. I am very confident they will not have cause to regret having done so. If any person, afflicted with this disease, should wish for further information than herein given, if they will call on me, or address me by letter, post paid, if in my power, I will cheerfully give it. I have no interest, directly or indirectly, in the sale of the medicine.

Your's, respectfully,

CINCINNATI, JUNE 5, 1839.

C. TOBEY.

TUBERCULA OF THE TONSILS, PALATE AND TONGUE.

Master W. W., of Union, Butler Co., Ohio, light complexion, aged 17 years, called for advice, Nov. 25, 1835, and said he had been out of health some time. I now, without any enquiries, commenced an examination of the spine, between the first cervical vertebræ and skull, when he observed that it hurt him, and the pain darted into his tongue. I then pressed on the left side, in the space between the first and second vertebræ; when he observed again that it hurt him, and the pain darted into his throat. Pressure along the other joints of the neck and back, produced no pain or effect whatever.

I now told him that his tongue and tonsils were swelled, and that he had a cough and expectoration; and in looking into his mouth, found both tonsils (almonds of the ear) much enlarged, and in a state of ulceration,—the uvula [palate] much enlarged and elongated, and the tongue twice its natural thickness. On examining the submaxillary and cervical ganglia of glands under the jaws, and in the sides of the neck, they were found much enlarged. He is pale, and the emaciation is making progress. The disease commenced more than a year since, and he has been coughing and expectorating matter, more or less, during the last eight or nine months.

Prescribed, the magnetic remedies. The swelling of the throat and tongue soon began to subside, and in about six weeks the ulcers were healed, and his health was entirely restored in about five months from the time he commenced the use of the remedies.

The above was a very bad case of a disease to which clergymen are very subject, and which would have terminated fatally without the use of these remedies. I have prescribed them in many cases of this affection during the last three years, nine of which were those of clergymen

Five of these are cured. Two were induced to stop the use of these remedies after two or three weeks; and substitute others, one of whom is dead. The other is, or was, travelling for his health, the last I hear of him. Two very bad cases are now under treatment, and are both very nearly well.*

TUBERCULA OF THE TONGUE, RIGHT TONSIL, RIGHT LEG, AND RIGHT
SIDE OF THE NECK.

Mr. G. A. F——, merchant, of Cleveland, Ohio, light complexion and slender frame, aged 34. His tongue began to swell, and to be sore and stiff or clumsy, in February, 1833; and in April following, his right leg began to swell. The swelling and soreness of the tongue continued to increase until the middle of May, when the leg had become very painful, and began to discharge tuberculous matter.

The swelling and soreness of the tongue began now to subside, and in a few days disappeared. The leg continued to grow worse, and confined him to the house much of the time for nearly four months; but after the use of a variety of applications, it healed about the first of December, of the same year, when he discovered a tubercle of the size of a chesnut in the centre and near the roots of the tongue, which about the last part of the month began to ulcerate, when he discovered another tubercle about three fourths of an inch from it, and this soon ulcerated, and others continued to appear and ulcerate, until the first of May, 1834. They then healed, and the swelling of the tongue became a little reduced, when the disease re-appeared in the leg, but in the back part of it, and with its accustomed violence, and began to ulcerate about the 1st of July. In August, the leg began to get better, when the disease increased again in the tongue, and soon began again to ulcerate; and a tubercle on the right side of the neck now suppurated, and began to discharge tuberculous matter.

He now went to the city of New-York for advice, where electricity was prescribed, and applied in different ways for about or nearly three months, during which time the ulcers of the tongue healed, and the tubercles on the side of the neck nearly disappeared; but on the left side of the tongue remained uninfluenced by the frequent and continued ap-

* In the cases where the uvula has been a long time very much enlarged and elongated, it should be cut off. I generally cut off about one half of it in such cases, to remove a constant source of irritation, which would otherwise greatly retard the cure. The operation is a very simple one, and is never attended with any danger.

plication of the electric shocks. The leg also during the use of this and other remedies continued to get better, and nearly healed. In two or three days after he had left the city of New-York, and discontinued the use of electricity, the tubercles on the side of the neck, and the one on the side of the tongue began to enlarge again, and in two or three weeks, two more appeared in the tongue and his throat began now to be sore and painful, and these symptoms continued to increase in violence.

On the 10th of January, 1835, he called upon me for advice. The right side of his neck was now swollen, tuberculated, and painful, and this pain frequently darted into the side of his face and head, and there were now two large tubercles on the left side of the tongue, and one about the centre of it, and one an inch from its apex, and three rising conspicuously from the right tonsil, which were very sensible to pressure, and with the swollen tongue produced painful and difficult deglutition.

Near the time the ulcerations commenced in the tongue, he began to feel lancinating pains in and through it, and they have continued with varying severity to this time; and all the tubercles that have appeared in it from time to time have invariably ulcerated, except the last three mentioned, and have left in it corrugated excavations.

There is now little or no swelling of the leg, and the tuberculous abscesses are all healed except one; but small tubercles of the size of small peas are felt under the skin in the back and front part of it.

He has suffered severely from this disease, and in one or two instances was reduced nearly to death, and has consulted and employed many celebrated physicians, all of whom called it mercurial disease, and prescribed, among other things, the compound sarsaparilla syrup, and cicuta, at a time when the disease was supposed to be terminating in cancer.

Diagnosis. Tubercula of the tongue, right tonsil, right side of the neck and right leg. Prescribed, magnetic pills and plaster. In less than one week, the tubercles in his tongue, tonsil, and neck, with the swelling of his neck, were very much reduced; and he now swallowed his food with much less difficulty, and the reduction continued; and at the end of two weeks the soreness of the throat had subsided, and he swallowed without difficulty; and at the end of four weeks, the tubercles and swellings of the tongue, tonsil, and neck disappeared, as well as the tubercles in the leg; and his health and flesh had increased so much, as to make him appear in perfect health.

Death from cancer of the tongue and throat, is, of all others, the most painful and most horrible, of which Mr. F. was advised, and for which he had been admonished to prepare.

The lapse of four years has shown the cure a permanent one.

CANCER OF THE LIP.

Miss M. H——, of ——, aged 17 years. Called early in the morning to see her, in April, 1817; and was requested to examine her under lip, which was swollen and ulcerated, and to give my opinion of its character, and after examining it and the lymphatic glands of the neck, which were tuberculated on both sides, I pronounced it a case of scrofulous cancer. I was then requested to say whether I "could cure it without cutting it out," and readily answered in the affirmative, and was then told by the female attendant, that, that was all they wanted of me, and that I was at liberty to return home as soon as I pleased, and accordingly bade her good morning, and returned home, perfectly in the dark, however, as regarded what was meant by this quixotic adventure. The next day, I was called again, and informed in explanation, that a celebrated surgeon had been attending the patient about two months, and as the lip continued to get worse, and had become very painful, he had advised them, a few days before, of the futility of all remedies, but the knife, and had set the time of ten o'clock of the day before to perform the operation; but they had dismissed him, and sent for me to perform the cure without it.

She was of the middling size, light and ruddy complexion, eyes rather large and prominent, and form of face approaching that of the Roman, and with perfect symmetry of body and limbs, was what may be called a scrofulous beauty, bating only this horrible lip.

Prescribed, magnetic pills and plaster.

In five weeks from this time the cure was perfect, and the tuberculated glands in the neck had gradually become smaller, and soon after disappeared.

This case, and the following one of the uterus, were apparently cases of scrofulous cancer. I have had a few other cases of the lip of the same character, and many of a similar nature, affecting the uterus, which were cured with these remedies, but which have apparently little or no effect on the disease in this form, when affecting any other part of the body. I have imputed their effects, in the cases of the lip and uterus, to the strong power of contraction which they possess, from the fact that the same results are obtained in cases where strong compression can be applied at the same time as in the case given of Mrs. H., of Union, Butler Co., Ohio.

TUBERCULA OF THE UTERUS, TERMINATING IN CANCER.

Menorrhagia terminating in Cancer.

Miss P. F——, of ———, of full habit and light complexion, aged 22 years; called to see her, May 16, 1812. She has menorrhagia, which commenced four months ago. I prescribed the usual remedies for many months, during which time, as before, she had been constantly confined to her bed: but all to no purpose, and it now became necessary to abandon the patient or commence a new treatment.

She had from the first complained much of pain and weakness in the small of her back; which was attended with leucorrhœa. I proposed now to examine her back, and applied pressure on and around the lumbar vertebræ, and this produced violent pain, which, on every repetition of the pressure, darted into the uterus, and they appeared to be the same darting pains we find in cancer of the breast.

I now prescribed the magnetic pills and plaster. The plaster over the small of the back, or lumbar vertebræ, with injections into the uterus of a strong solution of acetate of iron, by means of a catheter and small pointed syringe.

Her symptoms began to improve slowly from this time, and in about three months, a very thick membrane separated from the inside of the uterus, and was discharged from it, rolled up—round—half an inch in diameter, and two inches in length, which was presented to me in a paper, and on unrolling and spreading it out on a stand, it presented two tumors or bunches, of dark colored fungi near the middle or centre of it, —one of which was near the size and shape of a chesnut, and the other of the size of a pea, and flattened on the sides that adhered to the membrane, and at a distance from each other of half an inch.

These fungi were on the outside of the membrane, or that next the uterus, and adhered to and sunk deeply into it; and there arose out of their tops and sides small white or light colored substances of the size and appearance of small threads, and from a line to a fourth of an inch in length.

On examining the other side of this membrane, small holes or chinks were found opposite to these fungi.

In a few weeks after this, her health was restored. She married about a year after, but has had no children.

NOTE.—It is now (1842) 30 years since I treated the above case, and the remedies by which this lady was cured, have fully maintained their reputation to this time; not only in tubercular disease of the uterus but in cases of the same disease affecting other organs.

CHAPTER VII.

TUBERCULA OF THE SPINE.

Lateral curvature of the spine—Caries of the vertebræ and distortion of the spine—
Spine and neck—Distortion of the spine and lumbar abscess—Caries of the vertebræ
—Lecture of M. Sanson on caries of the lumbar vertebræ, with observations on
it—Tubercula of the neck.

TUBERCULA OF THE SPINE—LATERAL CURVATURE OF THE SPINE

Miss E. B., of Stratford, Conn., aged twelve years. I called to see her in Dec. 1839, and on an examination found a lateral curvature of the dorsal vertebræ, a portion of which extended under, and raised the right shoulder blade. The right hip was also raised above the left, and her health and strength much reduced.

Prescribed, the magnetic remedies. The plaster to extend the whole length of the spine. The weight of her body was also directed to be suspended by her arms, with any simple contrivance, as by taking hold of a stick suspended from a ceiling, a few minutes, five or six times a day.

I called to see her again the last part of April, 1840, when, on examination of the spine, it was found to have resumed its natural position, and her health and strength perfectly restored.

The curvature commenced in this case about a year and a half before I first saw her in December, and gradually increased to the extent above mentioned. The result of this practice in such cases, is constant and uniform. In other cases, of many years continuance, little or no change is produced in the curvature, for obvious reasons, by this practice or any other, and the only benefit resulting from the use of these remedies in

these cases is the reduction of the disease in the spine, and also of the stomach, liver, or lungs, almost constantly accompanying curvature of the spine.

I frequently find such patients harnessed with cushions and splints, but regarding them as worse than useless, I always remove them.

Note E.

TUBERCULA OF THE SPINE.

Caries of the Vertebrae and Distortion of the Spine.

Master W. H. F., of the City of New York, of light complexion, aged 6 years. His parents brought him to me in Sept. 1837, with white swelling and distortion of the spine from tubercular disease of the eleventh and twelfth dorsal, and first lumbar vertebrae—the last dorsal projecting backwards, and it was with great difficulty he could maintain himself in an erect position. The disease (in which the common remedies had been used without benefit) commenced about two years before that time with pain in these vertebrae, which still continued with intervals of abatement, during a few weeks, when it would sometimes return with such violence as to produce spasmodic symptoms.

Prescribed, magnetic remedies.

His health soon began to improve, and in about six months it was entirely recovered. I examined his back a number of times during the summer and fall of 1838, and also on the 15th of June, 1839, and found it perfectly sound and strong, and he walked as erect, and appeared as well, as any boy of his age.

TUBERCULA OF THE SPINE AND NECK.

King's Evil, and White Swelling of the right side of the Spine.

Master J. M. S——, of Union, Butler county, Ohio, aged seven years. I was called to see him, August 3d, 1833. He had a white swelling on the under jaw of the right side, and a number of large tubercles on the same side of his neck, and a white swelling on the right side of the lower dorsal vertebrae, (back bone,) and it was now about three weeks since the disease commenced. Prescribed, magnetic pills and plaster. In six weeks the white swellings disappeared, and his usual good health was re-established.

September 23d, 1833. Prescribed for Master W. C., the brother of Master J. M. S——, aged 4 years. He had a white swelling of the neck, and lower jaw of the right side, over tubercles on the same side of

the neck. Prescribed, magnetic pills and plaster. In five weeks the swellings and tubercles had disappeared. His health continues good.

The case of J. M. S——, under the common treatment, like the following case of Master J. S——, would have terminated in distortion of the spine and lumbar abscess. This disease always commences with white swelling on the front or back side of the spine.

TUBERCULA OF THE SPINE.

Distortion of the Spine, Lumbar Abscess, White Swelling, &c

Master J. S——, of Sycamore, Hamilton county, Ohio, aged twelve years. I was called to see him October 24th, 1832. He has tubercles of different sizes, on both sides of his neck, and it is now six years since they first appeared, and his health began to decline; and he had now a distortion of the spine (back bone) ninth dorsal vertebræ, which formed an obtuse angle backward; and the lumbar vertebræ, (joints of the back bone belonging to the small of the back,) from this point to the os-coccyx, inclined to the right side, so far as to form nearly a half circle; which with the whole left side of the back, was occupied with a large lumbar abscess. The distortion of the spine commenced three years before, with white swelling on the right side of the spine. He had also a white swelling on the left thigh, and a very great enlargement of the abdomen, produced by an enlargement of the mesenteric glands. The lumbar abscess had been discharging scrofulous matter about two years, which now amounted to more than half a pint in every twenty-four hours; and he was so much emaciated as to make his face, chest and limbs, except the left thigh, appear precisely like a skeleton covered with a thin skin. He had a severe cough, and was expectorating freely, and had hectic fever, night sweats, and diarrhœa, with irregular vacillating pain in the chest and stomach, which was much increased by the little food he was able to swallow; and he was now, and had been for the last two months, so feeble as to be unable to move his head, body, or limbs, excepting only feeble motions of his arms. Three physicians had prescribed for him, at different times, without apparent benefit. Prescribed, magnetic pills and plaster. His health, in a few days, began slowly to improve, and the quantity of matter discharged from the abscess gradually became less, and his cough, expectoration, fever, night sweats, and diarrhœa gradually disappeared, and his strength improved. In May following, the discharge from the abscess was reduced to a teaspoon full in twenty-four hours, and the lumbar vertebræ had resumed their natural situation, in a line with the dorsal; and the enlargement of

the abdomen had disappeared; and on the first of August he was able to walk.

There was in this case a loss of bony substance in the dorsal vertebræ, by the ulceration, and the matter formed by it passed down along the fascia of the psoas muscle, and through the groin into the upper part of the thigh and produced the swelling or abscess there. There was also a loss of bony substance by ulceration on the left side of all the lumbar vertebræ, and the matter discharged from these produced the lumbar abscess, and these losses of bony substance was the cause of the distortion of the dorsal, and of the obliquity of all the lumbar vertebræ.

EXPLANATION OF THE SUBJOINED CUTS.

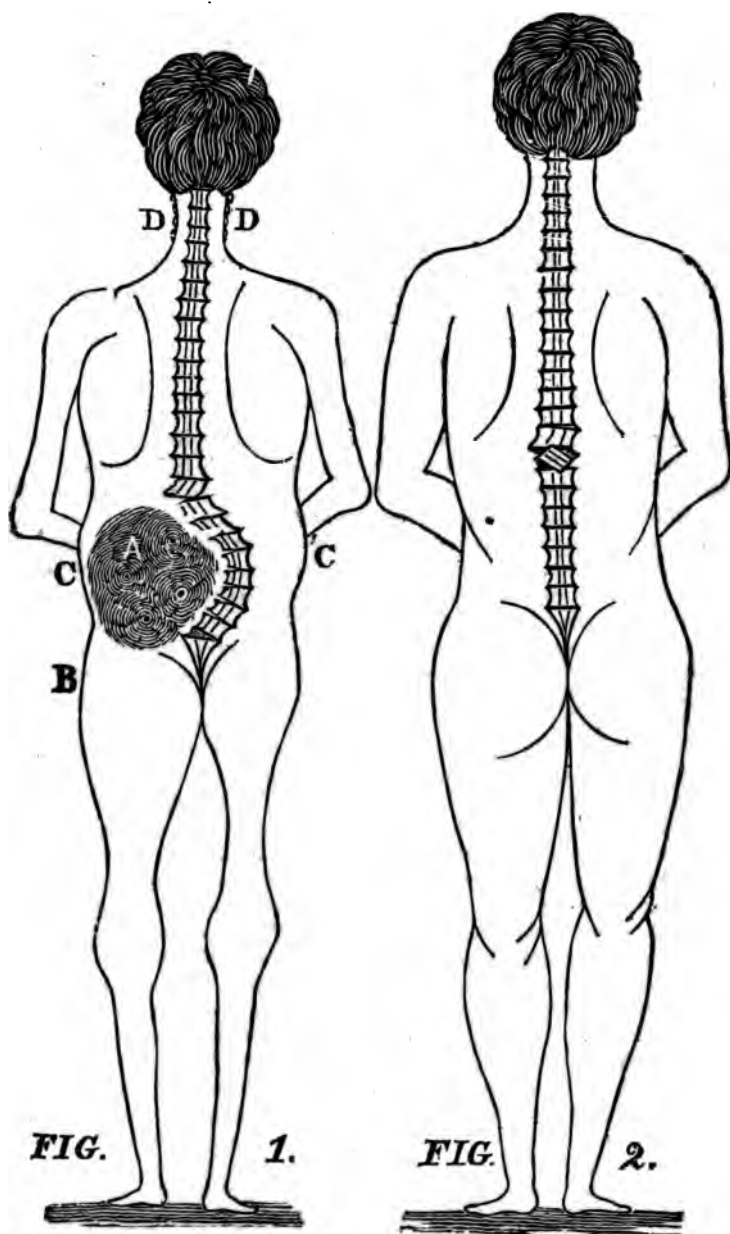
Fig. 1 represents the case of Master J. S., as it was when I first saw it in October, 1832. A, lumbar abscess, with four openings, from which matter issued. B, psoas abscess, situated in the upper and inner part of the left thigh. CC, abdomen distended by tuberculated intestines and mesentery. DD, line of cervical glands, tuberculated on both sides of the neck. See the description of it, page 91.

Fig. 2 represents the same case as it was when published in June, 1834, and as it now is. The distortion of the ninth dorsal vertebræ backward, will be seen as in Fig. 1, and the tenth dorsal fallen down on its side, or nearly so; and it would be difficult to tell, according to Mr Sanson's views of such accidents, where that portion of the spinal marrow is, that once passed through its centre.

Caries of the vertebræ is the consequence of tubercula, or white swelling of the vertebræ.

The disease it will be seen by an examination of the preceding cases, is easily distinguished by the new and natural symptoms in any of its stages, and easily cured by the natural remedies, and as a knowledge of these facts is of great importance to the community, I shall give copious extracts from a lecture on caries of the vertebræ, by M. Sanson, of the Hotel Dieu, who is one of the most distinguished surgeons in Europe, and was delivered before one of the most learned, and most numerous forums in the world, for the purpose of showing the great difficulty in distinguishing tubercula or scrofula, in this, as well as other parts of the body, by the common symptoms, and the common erroneous views of the disease, with the absolute uselessness of the common treatment for it.

M. Sanson was a candidate for the vacant medical chair in the university of Paris, occasioned by the death of Baron Boyer, and this lecture was a trial of his learning and skill, in an immense amphitheatre, before



the faculty of medicine, who were his judges, and more than 2500 students, and has been published and lauded in the medical journals of Europe and this country, and is consequently generally esteemed the very best authority on the subjects of which it treats

1. LECTURE OF M. SANSON AT THE CONCOURS OF PARIS, IN JUNE, 1834.—

The two patients who fell to the lot of M. Sanson, were placed at No. 19, Salle St Martha, and No. 12, Salle St. Jeane, *Hotel Dieu*, and afforded subjects for the following lecture:—

First Patient.—**CARIES OF LUMBER VERTEBRÆ.**

GENTLEMEN: The first is a child eight years of age, of a lymphatic temperament; his skin is fine and white, the abdomen much developed; the hair light coloured; in a word, he presents the characteristics of what may be called a scrofulous beauty. The family of this child is, according to all accounts, healthy, and he himself has enjoyed a good state of health until within eight months of the present time. At that period the patient first experienced some pain in the region of the loins, which remained for some time, I cannot tell exactly how long, as the answers of the child were not very precise on this point; the pains were not accompanied by any feebleness of the lower extremities, or symptoms of any organic affection. After a few months a tumor made its appearance at the upper part of the thigh, and was at first accompanied by pulsations, which have since disappeared. The swelling gradually increased in size, and is now as large as two fists. When examined by the hand, there is an evident feeling of fluctuation, and its volume is influenced by the position in which the patient may be placed. Thus, when the child lies down on his back, the tumor becomes less tense than in the upright posture, and if we press the hand flat on the thigh, the contents are displaced, and ascend into the iliac fossa; hence we may conclude the existence of a large cavity, filled with a liquid matter. I should remark that the skin is not adherent to the surface of the tumor, but is moveable on all points of it. The child, as was before remarked, seems to enjoy still a good state of health; he is not affected with diarrhoea or sweating; his appetite is good; sleeps sound; he walks without experiencing inconvenience, and the affection is as yet completely local. The sister of the ward says he has coughed for the last three months; this led me to examine carefully the state of the chest; on auscultation we could not discover any symptoms of the presence of any tubercles in the lungs; the respiration, on the contrary, was healthy; there was no matity upon percussion at any point of the thorax; the only abnormal sound was some mucous rale, indicating a chronic catarrh, but this was slight, and the expectoration was by no means abundant.

What, we ask, is the nature of the disease under which our patient labours? It may be laid down, as a general rule, that when you have a tumor presenting itself at the upper part of the thigh, after a continuance of lumber or dorsal pains, the existence of caries of the vertebral column is very probable. The diagnosis is sometimes, however, accompanied with difficulties; in the present case, indeed, we are assisted by a leading symptom, for we have a slight gibbosity of the lumber vertebræ, and hence we are justified in concluding that the vertebral column is affected; we should, however, in all cases, wait for the formation of an abscess, before we give a decided opinion, because in

many circumstances, as in the case of a fall on the loins, accidental injury, &c., we have often the symptoms of vertebral disease, although no caries exist. But our patient was not affected by any accident of this kind, and the pains commenced without any appreciable cause.

Let us begin by endeavouring to determine the origin of the disease in the present instance. Rachitis is a very frequent cause of softening of the vertebral column, and this often produces the angular curvature; so much so, that many practitioners regard the angular curvature as a characteristic of rachitis, hence much doubt on the origin of the affection must exist, until caries has actually set in. But we have to remember that rachitis has a set of symptoms by which it is distinguished; it is a general constitutional disease, not a local one; rachitic children are feeble, and mostly sunk in a state of *abatement* and depression of spirits; they exhibit an indifference to what passes about them, while, at the same time, there is a precocity of mental powers, which is very remarkable; the gastric organs are usually affected in this disease; the mesenteric glands are engorged; the child has often diarrhoea, with a slow fever, or an acceleration of the pulse towards evening, he is pale, the lower jaw projects, and he gradually gets thin and pines away. Now we remark none of these symptoms in our patient; his health has been good, and we have, besides, another proof that his affection does not derive its origin from rachitis, besides we find the characteristic signs of an abscess by congestion. We have, therefore, in the present case, a formation of pus in the cellular sheath surrounding the lumbar nerves, or psoas muscles, and passing down as far as the thigh, where it presents itself; this matter is of an inflammatory origin. He first had pain in the part for a considerable period, and then the formation of pus which is now making its way to the exterior along the sheath of the muscles; the disease, in a word, is caries of the vertebral column, with abscess by congestion.

But we do not find here the symptoms which most commonly accompany caries of the spine. In most cases the disease commences by vague pains in some one point of the vertebral column; these become worse, and the patient soon experiences some difficulty or loss in the power of the locomotive system. Thus, if the disease commence in the lumbar region, the curve of the spinal column begins there, and the patient's movements are embarrassed in consequence of the influence which the change of form exercises on the action of the nerves; the general position of the patient is very characteristic of the affection under which he suffers; the head and neck are thrown back, and the legs are bent in such a way as to produce a most uneasy position. If you remark the child when he walks there is no action of the thighs, he seems to walk merely with the lower leg. When the bodies of several vertebræ are engaged in the disease, the spinal marrow may be pressed on in a moderate manner, and certain symptoms, as *subsultus tendinum* or convulsive movements of the muscles indicate this complication; the patient feels a weakness of the lower extremities; if he sit down or attempt to lift any thing from the ground, he is compelled to bend the limbs gradually, and dip down with a slow motion. The child whom we had to examine, did not present any of these accidents; he walked well, as has been remarked, and did not show any impediment of motion.

Whence arises this exception from the accidents usually accompanying caries of the spine? The reason is that he has several of the bodies of the vertebræ affected at the same time; when only one is diseased, the curvature which results is angular, and the pressure exercised on the spinal marrow is consequently more sudden and violent, giving rise to convulsions, paralysis, or retraction of the limbs. The compression of the spinal marrow is not the only cause of the disorders which we sometimes witness in the organs of locomotion; inflammation may come in as an accessory cause, extending from the bodies of the affected vertebræ to the membranes, and from the latter to the spinal marrow itself. We have, therefore, in the present case, caries of the vertebræ, and

abscess by congestion. The caries occupy many vertebræ together ; for if we examine the state of the spinal column we find a gradual bend, quite different from the sudden angular curvature when one vertebræ only is diseased ; and this circumstance fully explains the little or no difficulty of motion which our patient experiences, his upright posture in walking, and the freedom from all unpleasant or dangerous accidents.

The question now arises, what is the cause of the disease in the present case ? The exciting causes of caries of the vertebral column are in general difficult to discover. Our patient's father is a tailor, and his children have been accustomed to spend their time in a low, ill-ventilated shop. This may be the origin of the scrofulous affection under which he now suffers, and although the cause is not very well marked, yet the bad habit of body, contracted by living in an unwholesome place, is sufficient to excite the disease.

In what state is the vertebral column ?

The affection sometimes commences in the bodies of the vertebræ, and then we have them only inflamed. If it persist for some time, the weight of the body begins to act on the altered and softened bone, breaks it down, and a curvature, more or less prominent, is the consequence. But in our patient we have not only inflammation of the bone but suppuration also. The disease is not confined to a simple ramollissement ; the spongy tissue of the bones has become fungous, purulent matter is secreted by them, and a large cavity exists, filled with that fluid. If we had an opportunity of examining the state of the parts which transmit the pus from the seat of the disease to the exterior, we should find a long channel, hallowed out through the cellular sheath surrounding the muscles ; the channel is lined throughout by a membrane which constantly secretes pus, and is called by surgeons *puso-generative* (*puso-gente.*) In its structure it resembles somewhat that of the mucous membranes.

How does the disease terminate ? (Here M. Sanson entered into an extensive examination of the different ways in which caries of the spine may end, and of which we need give but a very faint outline.) The affection in the first place may go on and become daily worse ; the inflammation extends to the membranes of the spinal marrow, and to the medullary substance itself ; we have then the developement of a new set of symptoms ; motion becomes irregular and interrupted, and paralysis is finally established. The patient is now confined altogether to bed, his health is completely destroyed, the long-continued pressure brings on gangrene of the buttocks, &c., and death ensues. In many cases, however, the purulent collection opens by a small abscess in the thigh ; the opening is often very minute, but this does not prevent the entrance of atmospheric air into the cavity. The patient soon presents severe typhoid symptoms, from the degenerescence of the purulent contents of the abscess ; his lungs are attacked, and on examination, we find tubercles, which, perhaps, we did not before suspect or discover ; diarrhoea now sets in, and he soon sinks in a state of exhaustion. In other more favorable cases the termination is of a different character. The tissues surrounding the diseased and carious vertebræ furnish a bony matter, and the destruction of the hard parts is in some degree repaired ; the pus becomes concentrated and dries, the abscess contracts, and its sheath is gradually changed into a kind of canal, which no longer secretes puriform matter, and is at length totally healed, or the abscess may open externally, and terminate like any other abscess in a different part of the body ; however, in most cases, where the abscess thus opens spontaneously, it becomes fistulous, or the patient dies.

Let us now consider the treatment which should be adopted in the present case. If we look to the general health of our patient, we find it very favorable ; his constitution is good, there is little or no pain, and we may say that he is in a promising state, and that the affection under which he labours is as simple as it is capable of being. He has, in fact, no fever of any kind, he does not suffer from diarrhoea or hectic perspirations, and

there are no symptoms of constitutional derangement. The pain in the lumbar region has considerably diminished, and the abscess has not yet opened externally. There are, however, on the other hand, some unfavourable conditions in the present case; thus, for example, if the extent of the caries, by destroying several of the bodies of the vertebræ, has the effect of preventing any injurious pressure on the spinal marrow, yet a greater quantity of osseous tissue is necessarily affected, and the labour of regeneration will be more difficult or uncertain; and again, although, on examination of the chest, we found no signs of the existence of tubercles, yet, from the child's general appearance and temperament, we may fear their formation at a subsequent period. Hence the prognosis in the present case must be guarded, and the chances of a cure are perhaps, less numerous than those of a fatal termination.

Sometimes the caries of the vertebral column is superficial, and we may attack it with a reasonable hope of attaining a successful result; but not so in the case of our patient. The disease has already existed for too long a time, and the lesion is too profound. What then are we to do? It may be remarked, in the first place, and as a principle of treatment, that the affection is originally an inflammatory one, and hence the antiphlogistic treatment should form the principle we ought to have in view. When I mention antiphlogistic treatment, I do not refer exclusively to bloodletting and debilitating measures; these only form a part of it, regarded as a whole. I allude to another and an important branch, viz., the revulsive part, which is included in the term antiphlogistic treatment, and not to the sanguineous, which, in most cases, is not to be thought of.

The first means I would employ is the moxa; this is a most powerful and efficacious external irritant, and we may apply it over various points of the spine, so as to multiply the foci of irritation, according to the method recommended by Baron Larrey; he has often placed thirty or forty moxæ along the spine, and this application has been attended with very remarkable success.

At the same time that we attack the disease by local measures, we should not neglect general constitutional treatment. Our first and principal object should be to correct the scrofulous temperament, which is strongly marked in the patient; this is to be done by the treatment with which every one is familiar; the child should have good, nourishing, easily digested food; he should live in a wholesome atmosphere, exposed to a fresh healthy air; he should take gentle and constant exercise, &c., and we may aid these means by the administration of bitters, if indicated.

Here M. Sanson entered into the different modes of treating the abscess, which is unimportant, and unnecessary to notice, and then passed to the consideration of his second patient, with lymphatic engorgement of the breast, which I propose to notice at a future period.

It will be observed, that after describing the common symptoms in this case, M. Sanson asks, "what is the nature of the disease?" and after observing that "the diagnosis is sometimes accompanied with difficulties," acknowledges that "in the present case" he is "assisted by a leading symptom, a slight gibbosity of the lumbar vertebræ." It excited, however, so little attention, in his examination of the case, that he forgot to mention it in his description of the symptoms.

The nature of this gibbosity, or swelling, and the sympathies excited by it, could not, therefore, have been known to the learned author of this lecture, for in such case, the natural associations of his mind would have

led him to a critical examination of it, and of the cervical and sub maxillary glands, which he would have found tuberculated.

These swellings of the vertebræ and tuberculated glands, may always be found in the first stage of the disease, as well as the last, and should always be decisive of its nature, and consequently we never should do as he says, "wait for the formation of an abscess, before we give a decided opinion," but on the contrary, we should commence our treatment immediately, to remove the disease in the first stage, and prevent the formation of caries and abscess, and their deplorable consequences.

He labours to show that caries of the spine has an inflammatory origin—tells us that it is different from rachitis, (rickets) because, in this case, "we find the characteristic signs of an abscess by congestion,"—tells us, also, of "the bodies of the vertebræ" being "inflamed"—that "in this case, we have not only inflammation of the bone, but suppuration also"—that "this matter has an inflammatory origin," and repeats again and again, that the abscess, "is an abscess by congestion."

In replying to these vagaries, (for such they really are,) it may be useful to observe, that in this disease, we rarely see two cases precisely alike, and that the common symptoms, are always varied according to the different parts, situation, and number of the vertebræ affected, and by its almost constant complication in some of its stages, with tubercula of other parts of the system, and that the idea of the abscess being "an abscess by congestion," or inflammation, and the vertebræ, or "bones," being "inflamed," or in a state of inflammation, and that "the affection is originally an inflammatory one," is all visionary theory, and the old visionary theory too, of the schools which was never favoured with the evidence of its real existence in chronic diseases.

The abortive attempt of M. Sanson to show a distinction between the disease in this case and rickets, will be seen on comparing it with the case of Master J. S., who, besides an abscess in the upper part of the thigh from caries of the vertebræ, as in this case, had also the common symptoms of rickets, or those given as such by M. Sanson, at the same time, which demonstrates their unity; and yet Mr. Sanson describes the same symptoms, to show they are different diseases. His description of the common symptoms of both, is consequently lame, confused, irregular and unnatural. There are really, therefore, no such diseases as are here described by M. Sanson, as nature is necessarily uniform in all her works.

His treatment, it will be seen, corresponds with his theory. It is "the antiphlogistic," or debilitating treatment, "in which bleeding forms a part," and the same that is pursued in chronic diseases of the organs and limbs. It is founded on a theory that was formed, like many others, with a very superficial knowledge of the construction of the elementary

organs, and of the motions of the elementary and compound organs, and without the least knowledge of the causes of these motions, or of the great sympathetic motions by which these are regulated and sustained, or of the natural remedies founded on a knowledge of these causes and motions—a theory which has consigned its millions to a premature grave. And the few that nature has been able to sustain against the combined influence of the disease, and this treatment, may be seen in our towns and cities,—some pale, sallow, feeble, and emaciated, and others with distortions of the spine, and tuberculated and amputated limbs, and who have long been perpetual monuments of its folly. Hence the cause of the grave scepticisms of some, and the ridicule of others, in regard to the real usefulness, or great importance of the medical art,—of the great number of nostrums for these diseases,—of the mazes of Doct. Philip,*—the visions of Prince Hoenlohe, and of the *very learned* theory, and *very scientific* atomic, or seventy-thousandth-part-of-a-grain-practice, of the great German professor.

The cases before noticed of Master J. M. S. and Mr. W., like that of M. Sanson's, commenced with a small gibbosity of the vertebræ, and both would have terminated, like his, in caries and abscess, under the common treatment, or that recommended by M. Sanson. The case also before noticed, of Master J. S., was so much worse than that of M. Sanson's, as hardly to admit of a comparison, and yet he is preparing himself for a public teacher, while M. Sanson acknowledges, that the "lesion," in the case of his patient, although so comparatively trifling, is from his knowledge of the dependence that can be placed on the common treatment, "too profound" to give "a reasonable hope of attaining a successful result."

The disease, in the case of Master J. S., after it commenced in the dorsal, was gradually extended to the lumbar vertebræ. An abscess was formed in the upper part of the thigh, and on the back, by the matter discharged from the carious bones; and the disease propagated to other organs. And with caries and distortion of the ninth dorsal; and caries and obliquity of the last dorsals, and all the lumbar vertebræ—with tuberculated stomach, intestines and mesentery; and tuberculated and ulcerated lungs—with the motions of his body and limbs paralyzed, and his legs flexed, in right and obtuse angles, from compression of the spinal marrow; combined with great precocity of intellect, hectic fever, night sweats, diarrhœa, and a frightful marasmus; presented the most appalling effects of this disease, and of the common remedies.

Under the use of the natural remedies, the further progress of the

* Dr. Philip imagined he could distinguish chronic diseases of the different organs by the pulse.

disease was stayed—the tuberculations reduced, and the work of re-formation commenced, to replace the great loss of substance ; and he slowly, but gradually, arose from his most deplorable position, and stood erect, and remains, like many similar cases, a monument of the value of the simple and natural remedies, indicated by the really simple nature of the disease, and of the futile nature and folly of the common treatment.

Acute or inflammatory diseases, requiring the antiphlogistic treatment, run through their course, and terminate in a few days or weeks ; but contra, or chronic diseases, are slow in their progress, and continue many weeks or months, and sometimes years, before their termination, and require a treatment entirely different, as every body knows, except physicians, who, in spite of the every day evidences of their own senses, still adhere *scientifically*, to the old unscientific theory and practice of the schools.

This case, and lecture, are full of instruction, and it should never be forgotten, that the reason which induced M. Sanson to advise to wait for the formation of an abscess, before we give a decided opinion in such cases, is the consequence of the great difficulty in distinguishing chronic diseases in their early stages by the common symptoms. The deplorable consequences, resulting from this necessity, must be apparent to all, for instead of attacking and reducing the disease in the first stage, when affecting the spine, organs, or limbs, we must wait many weeks or months, and sometimes years, for the formation of an abscess, before we can, by the common symptoms, “give a decided opinion,” or commence the proper treatment ; or until the disease is so far advanced, as to preclude, in a great majority of cases, “a reasonable hope of attaining a successful result ”

TUBERCULA OF THE NECK.

King's Evil.

Master John Watson, of the City of New York, aged eighteen years. He had large tubercles on both sides of his neck, and in the last part of November, 1838, a general swelling commenced over them, and gradually increased to December 19th of the same year, when they had become very large. He then commenced the use of the magnetic remedies. Matter was formed in the swelling on the left side, which broke and discharged scrofulous matter six or seven weeks. The abscesses then healed, and the swelling with that on the right side of the neck, entirely disappeared in about six months from the time he commenced the use of the remedies. His health was then re-established, and has continued good to this time. *Sept. 1, 1840.*

CHAPTER VIII

Tubercula of the knee, terminating in consumption—Of the ankle joint—Of the joints and limbs, with ulcers, white swellings, abscesses, and caries of the bones—Of the knee and mesentery—Of the neck and mesentery—Of the left foot and hip—Of the left leg—Of the hip joint—Of the heel and ankle joint, with abscesses and caries of the bones—Of the uterus and right leg—Colour of the skin in chronic tubercula—tubercula connected with syphilis—Index—Glossary.

TUBERCULA OF THE JOINTS AND LIMBS.

IN consequence of there being no generally known remedy for tubercula, it is the practice in this country, and in Europe, and in the hospital and country practice, to amputate or cut off the limbs in cases of tubercula, or white swellings of the joints or limbs, whenever the disease is supposed to have advanced so far as to endanger life. The relief in such case is, however, generally very temporary, as the disease is commonly soon developed in another joint, limb, or organ, and such patients consequently receive, from such severe operations, but a brief immunity from pain and death. In the case given of Mr. J. S., of Preble county, the thigh was amputated for a white swelling of the right knee; but the disease soon after attacked him in the left hip, and then in the left foot, when that of the hip became passive. If, in this case, the left leg, like the thigh of the right side, had been amputated on account of the disease in the foot, according to the common practice, the disease in the hip would have quickly become active, and Mr. J. S. soon numbered with the dead.

This case, with that of Miss M. G., of Springfield, with acute white swelling of the heel; and Master W. L., of Madison, with the disease in all the limbs and many of the joints, with a great variety of similar cases, show what is effected by the natural remedies, without amputation. And I may here remark, that on examining the cases of amputa-

tion for tubercula of the joints and limbs, reported in the *London Medico-Chirurgical Review*, during the last ten years, and including those that are called by different names, but really the same disease, there can be little or no doubt, but at least three-fourths of the number would have been rendered unnecessary, if the use of these remedies had been commenced, even at as late a period as that in which the operations were performed. And this opinion is hazarded with the full knowledge of the fact, that these reports were principally from the Hospitals of London and Paris, and that these operations were performed by, or with the advice of physicians and surgeons, who rank among the first members of our profession. The tuberculous or scrofulous diathesis or taint, is destroyed by the natural remedies, but remains in the system after these operations, and the disease is propagated to other organs and limbs

TUBERCULA OF THE LEFT KNEE, STOMACH, AND LEFT LUNG

White Swelling, Dyspepsia and Consumption.

Master Alexander Benedict, of light complexion, aged 15 years, came into my office on crutches, in June, 1837, accompanied by his father. On examining the son, I found he had a white swelling of the left knee, and tuberculated stomach and left lung. The disease commenced in the knee about five years before, and progressed gradually under the treatment of the best physicians and surgeons of this city, until February, 1837, when the disease commenced in the lungs, with cough and expectoration, which still continued, and he was then pale, feeble and emaciated. Prescribed the magnetic remedies. I heard no more from the case until October of the same year, when he called at my office with his father in perfect health. The white swelling of the knee, with the cough and expectoration, had entirely disappeared, and he had gained so much flesh and strength as to make him appear in as good health as that of any other person, and his health has continued good to this time.

NEW YORK, JUNE 8, 1840.

I have read the above description of the case of my son, and will add to it the fact of my having paid to the best physicians and surgeons of this city, about a thousand dollars for their attendance on him, and that they had given up the case, and told me that he could not be cured, but must die; when a gentleman, (Mr. Baker) advised me to take him to Dr. Sherwood; I did so, and got him cured at last, as stated above, for ten dollars.*

SAMUEL W. BENEDICT,

No. 2 Merchants Exchange.

* I have had a great number of similar cases which have terminated in the same manner, and in which from fifty to five hundred dollars has been first paid to other physicians and surgeons for their attendance upon them.

ACUTE TUBERCULA OF THE ANKLE JOINT—ACUTE WHITE SWELLING OF
THE ANKLE JOINT.

Master John Lepine, of the City of New York, aged 12 years. He began to have severe pain in the right ankle joint, about the first of January, 1840, which was soon followed by swelling, and, in a few weeks, matter was formed and discharged from the left side of the joint, which matter was a thin sanies mixed with cheesy concretions. He was treated by a physician of this city in the usual manner, until the 18th of March, without any other effect than a palliation of the symptoms. At this period he commenced the use of the magnetic remedies.

Under their use the character of the discharge from the ankle joint was changed, in a few days, from a thin sanies to a thick yellow matter, which soon began to decrease in quantity, as also the swelling, and in the course of six weeks he was able to draw on his boots and walk about, and has continued to do so every day since that time. I saw him and examined the ankle to-day (June 8th)—the swelling and pain have subsided, and there only remains a very slight discharge from a small orifice in the skin, which will be closed in a few days.

July 27th. A small piece of bone was discharged from the orifice a few days after the above date, when it closed, and the ankle is now perfectly well.

I have received many letters of commendation for the success of my practice in chronic diseases, and cannot well resist the temptation to publish the following from a lady of this city, who is anxious to add her testimony to the benefits resulting from the use of my remedies.

NEW YORK, SEPT. 7, 1840.

DR. SHERWOOD,

SIR: Having been informed of your intention to publish a pamphlet, containing an account of cures performed by your magnetic remedies, I deem it important to lay before the public a statement of your success in the case of my son. He had injured his spine by a fall from his chair about two years previous to your undertaking the cure of him, and had suffered much from the disease which ensued, as well as from the remedies of various physicians, with no material benefit, until the application of your remedies, when his recovery was rapid, and he is now in the enjoyment of perfect health.

The handsome manner in which you so disinterestedly came forward to the assistance of several poor people in our neighbourhood, particularly in your successful treatment of an aggravated case of white swelling of long standing, will be long remembered with gratitude, and must establish the superiority of your remedies in cases of the above character. Certain that to your exertion I am indebted for the life of my child, I wish you all possible success in the heavenly art of healing the sick.

Respectfully yours,

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The first case referred to by this lady, was that of a white swelling and distortion of the spine; and the last, a very bad case of white swelling of the knee of a young lady of six years standing, which had resisted both the hospital and private practice.

TUBERCULA OF THE JOINTS AND LIMBS.

Ulcers, White Swellings, Abscesses, and Caries of the Bones.

Master W. L., of Madison, Butler county, Ohio, aged eleven years. I was called to see him, May 29th, 1833. He had scrofulous tubercles, and a scrofulous ulcer on both sides of his neck, a white swelling of the left arm, between the shoulder and elbow, and another of the left ankle. He had also a white swelling of the right knee, and also of the right ankle, and another of the third joint of the fore-finger of the right hand. The white swelling of the left arm was discharging scrofulous matter from abscesses in four places, and that of the left ankle in two places, and that of the right ankle, and that of the hand, in one place each.

The disease commenced about a year and a half before, first with white swelling of the right knee, and the other swellings, ulcers and abscesses gradually appeared as the disease advanced. He was now confined to his bed and unable to walk, was feeble and emaciated, entirely deaf, and suffered much from pain, mostly at this time in both ankles and the left leg. Prescribed the magnetic pills and plaster. The pain in his limbs began to subside in a few days, and his health to improve; a piece of bone two inches long, half an inch wide, and three-eighths of an inch thick, separated from the bone, and was removed from the left arm. The white swellings gradually became less, and in six weeks he was able to walk about in the fields. The swelling of the thigh terminated in abscess; I opened it, and it discharged about three gills of matter, and then healed rapidly. November 1st, 1833. The white swellings have all disappeared, and the abscess and ulcers healed, and his general health is good.

His jaws were so nearly closed as to only admit a finger between them. All the teeth on the under jaw of the left side came out, and also a part the jaw bone, the whole length of the jaw in which the teeth were set, and there has come out of the same place an entire new set of teeth, and he can now open his mouth as wide as he ever could, and, besides, there has come out of the roof of his mouth a number of small pieces of bone.

Pieces of bone also came out of the upper end of the tibia (shin bone) of the right side, from the left ankle joint, the left clavicle, (collar bone,) the mastoid process of the right side, (bone that projects under the ear,)

and from the under jaw bone of the right side; and the right leg was drawn back so as to form nearly a right angle with the thigh, and the left so as to form an obtuse angle.

TUBERCULA OF THE KNEE AND MESENTERY.

Mr. D. C., of Springfield, Hamilton county, Ohio, farmer, aged thirty-nine years, came to me October 15th, 1832, with white swelling of the left knee, and enlargement of the abdomen, which we supposed to be dropsy, but it was evidently caused by enlargement of the mesenteric glands. His health has been declining more than a year, and the enlargement of the abdomen commenced about a year, and the swelling and pain in the knee, which now rendered him a cripple, about four months before. Prescribed the magnetic pills and plaster. In five weeks from this time the swelling of the knee and enlargement of the abdomen had disappeared, and his usual good health was restored.

TUBERCULA OF THE NECK AND MESENTERY.

Master T. I., of the city of Cincinnati, aged 18 months. I was called to see him about September 1st, 1830. He had scrofulous ulcers under each ear, which were discharging scrofulous matter very freely, and a number of tubercles of different sizes, on both sides of the neck, and an enlargement of the abdomen, with diarrhoea. It was now more than a year since the disease commenced, and he had irregular fever and was feeble and emaciated. Five or six physicians had attended and prescribed for him, but the disease grew worse. Prescribed the magnetic pills and plaster. His health began to improve in a few days, and in about six weeks the ulcers were healed and the tubercles had disappeared, and his health was in all respects restored.

TUBERCULA OF THE LEFT HIP AND FOOT.

After amputation for tubercula of right knee.

Mr. J. S., of Preble county, Ohio, of light complexion, aged 19 years, called on me, September 19th, 1836. His right thigh was amputated about five years ago, on account of white swelling of the right knee, soon after which he began to feel pain, sometimes in the left hip, and at others in the knee, and these pains continued, with varying severity, until about

ten months ago, when his foot began to swell and to be painful. The pain in the hip and knee then subsided. The white swelling is now large, and extends over the foot, and sides of the foot, and he has tubercles on both sides of his neck, and his health has continued feeble since the amputation. *Diagnosis.* Chronic tubercula of the hip joint and foot.

Prescribed, magnetic pills and plaster. *October 7th*, the whole swelling is gone, excepting only a small abscess, which, on being opened, discharged two teaspoons full of tuberculous matter. The plaster was now re-applied, and the pills continued, and in three weeks the abscess was healed and his health restored.

ACUTE TUBERCULA OF THE LEFT LEG.

Master W. L., of Somers, Preble county, Ohio, aged five years; called to see him October 11th, 1834. He had a violent and spasmodic pain in the lower and forepart of the left leg, with intervals of ease. The disease commenced five or six days before, and, on examining his neck, I found five or six large tubercles on the left side. A physician had been every day in attendance, and had prescribed the usual antiphlogistic remedies, including a blister over the swelling; but the pain continued with unabated violence, and the patient, in his agony, continued to make the welkin wring with screams.

Diagnosis. Acute tubercula. I now took a scalpel, and laid the swelling open along the course of the tibia, about an inch and a half through the blister, integuments and periosteum to the bone.

This operation, though a severe one, was less painful than one of those turns of severe pain. I now placed a linen cloth over it, and directed it to be wetted in a triple solution of sulphate of copper, iron, and alumine, in the following proportions, viz., blue vitriol one-fourth of an ounce, copperas and alum, each half an ounce, water one pint, and also to wet a roller bandage in this solution, and commence at the toes, and roll it moderately tight over the foot, ankle, and leg to the knee, and at night to remove it and apply a fermenting poultice over the limb; and in the morning to apply again the cloth, wash, and bandage, and to continue this course until the pain ceased, and then to discontinue the wash and poultice, and apply magnetic scrofulous plaster, with the roller bandage. I also prescribed magnetic pills; one to be taken night and morning for one week, and afterwards one every night.

The turns of spasmodic pain now gradually decreased in frequency and violence, and in nine days he was able to walk about the house, and in less than two weeks after this his leg was healed, and his health restored.

TUBERCULA OF THE HIP JOINT

Disease of the Hip Joint.

Master J. C., aged 14 years, called to see him November 20th, 1828. He had been complaining of pain in his right knee, with a little lameness every two or three days, during the last two weeks, but is now confined to his bed, with pain in his right hip. He lays on his left side, with his thighs drawn up, and every attempt to move the limb produces pain in the hip, and he cannot bear pressure on the joint or in the groin. On comparing this joint with the left, there was no swelling or enlargement, but, on the contrary, it appears rather less or flattened on the out side of the joint, and the limb appears shorter than the other. He has some fever; is very irritable, and has tubercles on the right side of the neck and in the groin.

Prescribed, magnetic pills, and a large poultice to the hip and groin, to be renewed once in four hours. *November 21.* Pain abated, discontinued the poultice, and applied magnetic plaster over the hip and groin.

November 23. Pain in the joint much less, and he rests better during the night. On removing the plaster, the hip and groin were covered with small vesicles and ulcerations. The same plaster was spread again, by adding a little more to it, and re-applied.

November 26. He continues better, but the joint is in every attempt to move it still very painful. The same course was continued, and in four weeks he was able to sit up, and in two weeks more, was able to walk with a little lameness, from which he entirely recovered in a few days, and without any shortening of the limb.

There are a few cases in which I use other external applications instead of the plaster, as will be seen by the two following examples.

TUBERCULA OF THE HEEL.

Acute White Swelling of the Heel and Ankle Joint, with Abscesses and Caries of the Bones.

Miss M. G——, of Springfield, Hamilton county, Ohio, aged twelve years. I was called to see her, February 5th, 1833. She had been attacked with acute white swelling of the left heel, three months previous to this time. The whole foot and ankle was now swollen as large as the skin would admit, and was œdematous, and extended half way to the knee. There were three abscesses on the right side of the heel, five on the left, and two on each side of the ankle joint, all discharging scro-

fulous matter, of a greenish-yellow color, and the whole foot and ankle had a dusky yellow appearance. There was little or no sensibility in the skin, but a great discharge of matter, with acute pain on pressure. On introducing the probe into the abscesses, the bone was found bare in three of them on the left side of the heel and foot, and had a rough feel. She had a number of tubercles of different sizes, from that of a pea to a walnut, on both sides of her neck, and was now, and had been from the first, confined to her bed, and is now very feeble and emaciated, has hectic fever, and has suffered much from pain in the heel and ankle. About three weeks previous to this time, the attending physician proposed to amputate the limb, (as is customary in such cases) as it offered, in his opinion, the only chance to save her life. Her parents, opposed to this last resort, sent for a celebrated physician of a neighboring town in consultation, who was of the opinion that she would not recover, whether the limb was amputated or not.

Prescribed, magnetic pills and a wash for the limb, composed of sulphate of copper (blue vitriol) a quarter of an ounce, sulphate ferri (copperas) one ounce, sulphate of alumine (alum) one ounce, dissolved in a pint of warm water. A roller bandage to be wet in this solution and applied to the foot, ankle and leg, and to be kept wet with the wash through the day, and at night to remove the roller and apply the common fermenting poultice through the night alternately. *February 15th.* The swelling of the limb has lessened more than one-half. The cuticle (scarf skin) very much thickened, has peeled off of the entire foot, and it has a much more healthy and natural appearance. Her fever has nearly disappeared, and her health much improved, and she is able to sit up. Her health continued to improve without any interruption, with the same treatment, and in two weeks more the swelling had disappeared from the foot and leg, except at the heel, and in another week the abscesses on both sides of the ankle joint, and on the right side of the heel, were healed. The magnetic plaster was now applied to the left side of the heel. She was able to walk soon after this, first on crutches, and then without them. More than a dozen pieces of bone came out of the left side of the heel and foot, two of them large and of the circumference of a quarter of a dollar. Her father and mother are both scrofulous.

TUBERCULA OF THE UTERUS AND RIGHT LEG.

Mrs. H., of Union, Butler county, Ohio, of the middling size, and good constitution, aged 46 years.

Called to see her August 17th, 1833. She has a large fungus ulcer on the right side of her right ankle. The foot and leg swelled as large

as the skin will admit, which has a shining appearance, and the ulcer black and depressed from the surrounding everted edges of the skin. It is in form perfectly round, and as large as the circumference of the top of a large tea cup, and is to the depth of half an inch, a gangrenous mass of fungi, which emits a horrible smell. The swelling commenced about three months since.

Her countenance is pale and sallow, and she has leucorrhœa, with which she has been affected more than two years, and she is now feeble and emaciated,—is suffering severely with dull and lancinating pains in the ankle and leg, and is confined to her bed.

She has a number of tubercles on the right side of her neck, and pressure on two of the lumbar vertebræ produces pain, which darts into the uterus. Prescribed the magnetic pills and a grain of quinine, three times a day, with a large fermenting poultice to the foot, ankle and leg, to be renewed morning and evening, and the magnetic plaster over the lumbar vertebræ. *August 22nd.* The swelling of the limb is very much reduced, and the gangrenous fungi have sloughed out and left a large and round chasm half an inch deep, the bottom of which is covered with fungus or round elevations, of a red colour, surrounded with a white colored matter, and the edges of the skin every where everted, and besides this formidable ulcer, the whole of the back part of the ankle, from an inch above the bottom of the heel to four inches above the ankle, is now one mass of fungus or loose and spungy ulcers, the skin having entirely disappeared.

The limb was now washed with a solution of chloride of mercury, and adhesive plaster, spread very thin on strips of cotton cloth, two and a half inches wide, and long enough to reach round the limb and lap over two inches, and a sufficient number of them so spread to cover the limb from the lower part of the ankle to a point seven inches above it. I commenced applying these strips by making one end stick fast to the side of the heel, and then drew it round below the ankle moderately tight, and then took up another and fastened it as before, and lapped it on the first about an inch, and drew it on, and let it lap over the end of the strip as before, and so with the remainder of the strips, until they were all on.

I then took a roller bandage, wet in the above solution, and commencing at the toes, rolled it over the foot, ankle and leg, to the knee. Directions were now given to keep the roller wet with the solution, and remove it and the strips of plaster, and wash the leg and ulcers, and re-apply new strips of plaster, and the roller, in the same way night and morning, and in case the limb should become more painful, to remove them, and apply the fermenting poultice for twelve hours, and then again apply the wash, strips of plaster, and roller.

September 8th. The swelling of the limb has subsided, except a little about the ulcers, and they have commenced healing from their extreme points towards the centre. Her health has improved so much as to be able to sit up the most of the day, and the quinine discontinued.

October 3d. Her leucorrhœa has disappeared, and the ulcerations reduced to about one-third their original dimensions. The same course of treatment was continued with little variation, and in about two months they healed entirely, when her health was fully re-established.

The manner of applying adhesive strips of plaster pursued in this case was first recommended by Cooper, in cases of the common ulcerated legs, and it cured some cases, but the disease generally returned again after a few weeks or months. When, however, the disease is treated like this case, with the magnetic pills and the adhesive strips of plaster, the diathesis or taint in the system from absorption from these ulcers is destroyed, and the disease does not return. The adhesive plaster I use in these cases is much better and cheaper than that obtained from the shops, and is made by boiling rosin and lard in water an hour, in the proportion of one ounce of lard to every pound of rosin, and when nearly cold may be made into rolls of any convenient size. The rosin must always be good and free from impurities. The plaster must also be spread very thin and very even, and always applied precisely in the same way as in this case, when it cures the disease, if it is not of more than seven or eight years' continuance, in from five to seven weeks.

COLOUR OF THE SKIN IN CHRONIC TUBERCULA.

In the foregoing cases of chronic tubercula of the limbs, neck, head, and face, there was little or no discolouration of the skin, and there is little or none of the membranes which cover the tuberculated organs. There are, however rare cases of this disease in which a red colour of the skin is sometimes produced by accidental causes, and in order to prevent these cases which are incurable by other remedies, from being mistaken for another disease, the following case is presented.

Miss M. G., aged ten years, was brought to me January 26th, 1836. The lower half of her nose is swelled and of a scarlet red colour. The lower half of both cheeks, upper and under lip, and chin, are also swelled, and of the same scarlet colour, and they all have a smooth and shining appearance, except in some places along the cheeks where they are tuberculated, and along the upper lip where tubercles have ulcerated and are discharging matter.

The disease commenced about five years since with pain, and then a thin or sanious discharge from the nose, which from its frequent application to the skin produced the swelling, ulceration, and scarlet colour of this part of the nose and face.

She has a black and very intelligent eye, and is apparently a perfect beauty, saving the frightful deformity produced by this disease, from which she has suffered long, and sometimes severely.

The line or ganglia of glands on both sides of her neck, with the sub-maxillaries under the jaws and the parotids are tuberculated. The tubercles very large, and painful under pressure.

Pressure on a small tubercle of the right side of the first cervical vertebræ produces pain, which darts into those under the jaw, and into the throat of the right side and into the nose. Pressure on one of the left side of the same vertebræ produces pain which darts into those under the jaw and into the throat and face of the left side. I now examined the mouth and found both tonsils tuberculated, and the tongue one-third larger than natural. A number of physicians have as usual attended and prescribed for this patient. *Diagnosis.* Tubercula of the nose, face, tonsils and tongue. Prescribed magnetic pills and plaster.

The disease began to subside in a few days, and at the end of ten weeks it had entirely disappeared, and the colour of the skin natural. One plaster was applied in this case over the first cervical vertebræ. One over the lower part of the lower jaw and upper part of the neck of both sides, and one over the swelled and scarlet portions of the face. She wore the plaster on the face four or five weeks only, and on the neck seven or eight.

TUBERCULA CONNECTED WITH SYPHILIS.

Tubercula, or what is called scrofula, sometimes assumes the most malignant form, after the long continued use of mercury in chronic diseases, including syphilis, hence the name Mercurial Disease. It frequently assumes the same malignant form, after the absorption of the syphilitic virus. The following notice of it under this form, and of the common remedies for it, is extracted from a lecture delivered by a distinguished professor in one of our medical colleges.

“The next point connected with scrofula that I shall mention, is its catenation with syphilis. It is my firm impression, and one too, that I have not failed to impress on the minds of my students ever since I have been a teacher—one that I have not hesitated to promulgate in writing and in debate—that most of the constitutional symptoms of syphilis depend on the inoculation of this disease in a scrofulous constitution. For many years I have had this subject impressed on my mind. I have examined with care, every case of this disease that has occurred in a laborious practice. I have enquired into the previous history and circumstances of the unfortunate beings who have fallen victims to the fell destroyer. I have looked at every case of this disease transplanted into a strumous diathesis, with peculiar attention, and I do not hesitate to assert, that when a scrofulous patient presents himself before me, with even a common chancre, I consider his death warrant signed and sealed. He may, it is true, linger on a

miserable life, disgusting to himself, and loathed by his friends ; but even if his life be spared, what is he but a miserable, emaciated, deformed, wretched being, BEYOND THE POWER OF MEDICINE, capable of indulging in no hope, but that of a speedy death, and the early death of such an unfortunate, is a relief from misery and despair. And who are the victims to this unenviable conjunction ? Who are the young men that fall victims to the union of this disease with scrofula ? Alas, it is among the young, the talented, the manly.

" Too often have I seen young gentlemen, whose early mental developements, whose just and fair proportions, whose general character for scholarship and accomplishments, have rendered them the delight of their friends, the hope of their parents and their country, cut off by their own imprudence. And those too, are the very men, that are most easily led away, young, ardent, and enthusiastic.

" It is for the scrofulous, for the young, for the talented, for the beautiful, that the snare is laid, and many a physician can testify how often they have followed to the grave the blighted hopes of parents, in the persons of those, who have by imprudence and dissipation, wrought out their own destruction."

The importance of this subject to those who are interested in it, has induced me to make the above extracts, and to observe here, that the natural remedies, or those called the *magnetic pills and plaster*, cure the disease most thoroughly and permanently in all the forms above noticed ; and that in many cases, in the higher circles of society, where the disease in these forms has descended from parents to their children, they have saved their lives, and the reputations of whole families from one common ruin.

The symptoms of the disease, when connected or complicated with syphilis, by the absorption of the syphilitic virus, and also when it is produced by the absorption of mercury, and called mercurial disease, are the same as other forms of tubercula, and consequently require the same remedies ; and the same rules should be observed, both in distinguishing these forms, and in using the natural remedies, as in the common form of the disease.

It is only necessary to add, that when from the absorption of the syphilitic virus an ulcer is formed, called a chancre, and when the inguinal glands become tuberculated—no matter by what name they are called, or one of these are softened down, and produced one or more abscesses there, or when any other part of the system becomes tuberculated, or abscesses, ulcers, or caries of the bones form from this cause, the same symptoms will be presented on an examination as in tubercula of the organs and limbs, and the above remedies should be used in the same manner, and the same rules should also be observed, as in other forms of tubercula.*

* Twenty-eight very bad cases of this form of the disease have been cured with these remedies, during the last three years, and I have now five under treatment, and not a solitary case of their failure in this form of the disease, in any of its stages, has come to my knowledge

CHAPTER IX.

From the Christian Secretary.

HARTFORD, OCT. 30, 1840.

MR. EDITOR,—I send you a brief statement of facts relating to my recovery. This is done the more cheerfully, as I feel prompted by gratitude and by a desire that others similarly afflicted, may be as happily relieved.

I had been dyspeptic for many years, was afflicted with tubercula of the palate, neck and stomach ; with chronic diarrhœa and piles ; with general debility, and with chronic bronchitis, which extended from the glottis to both lobes of my lungs. During the last two years I have suffered so much from bronchitis that much of the time, speaking even in a whisper, has been so distressing as to oblige me to converse by writing. But now I am comfortably well, through the Divine blessing, on the use of Dr. Sherwood's Electro Magnetic Remedies. Some of the delightful changes experienced by me are the following :

From such a state of my throat and lungs that the utterance of a sentence distressed me, I have been enabled to preach eleven times during the present month, and conduct five other religious services. My strength and comfort have been, in the meantime, gradually increasing. The deep depression of spirits which, at times, seemed death-like, has given place to the animation and cheerfulness of youth. My blood, from having been almost literally black and thick, has become perfect in color and consistence. My palate, through the aid of a slight surgical operation, is reduced to its usual size. The glands of my neck, which were enlarged and painful, are now entirely reduced. The pain from my neck has passed off sensibly. The mucous membrane of the bronchia has been aided in its secretions. Dr. Sherwood's remedies have excelled every thing I have used as an expectorant. The inflammation of my throat, and the pain consequent upon it, have been allayed, and at times entirely gone. The same is true of the inflammation and pain in my bowels. Relief from hunger, by eating, though more immediate, is not more a matter of consciousness, than was my relief from pain, by the application of these remedies. From apprehending languor, consumption, a suffering life, and an early death, I have now the prospect of an active, and I hope, useful life.

To all afflicted with bronchitis, or tubercular consumption, or what is called scrofula, or dyspepsia, let me say that I do not believe that these diseases can long exist under the action of these remedies. They are not, in my estimation, to be classed with quack medicines, because, 1st, I believe them to have science for their basis. 2d. Their adaptation to individual sufferers is pointed out by symptoms which none need mistake ; and 3d, Dr. S. is a regularly educated physician, who, having suffered from his childhood, was led gradually to the discovery of them for his own relief. Some think it a mark of wisdom to ridicule every thing new in medicine ; as if the science and practice of it were stereotyped, however the Baconian philosophy repudiates the theories of every age and school which come in conflict with fact. I have stated simple verities. In addition to my own case, I refer to B. S. Lawson, M. D., of Cincinnati, who was

restored from confirmed consumption, after all the common remedies had entirely failed.
With gratitude to God for my recovery, I subscribe myself

Yours,

J. B. Cook.

P. S.—I should add that Professor Bronson gave me essential aid in recovering the use of my voice.

The *Bronchitis* mentioned in this case was the consequence of tubercular disease of the throat and lungs; the reduction of which dissipated the disease of the mucous membrane of the throat and bronchial tubes.

I did not see Mr. Cook until he had taken one box of my remedies, when I suggested the necessity of his consulting Professor Bronson on the subject of the improvement of his voice, which I am pleased to learn has added another case to the Professors long list of triumphs in his art.

This disease is very common among Clergymen, and is the consequence of taking cold after over exertion of the organs of the voice. The throat becomes tuberculated, the uvula enlarged and elongated, and the mucous membrane which lines the inside of the throat, and covers the tubercles, becomes diseased, thickened and florid, in consequence of the tuberculations; and this affection, the novices of our profession call Bronchitis, and treat it as such. The disease is subsequently propagated to the lungs, and these Clergymen descend to their graves, the victims of the abominable quackery which has so long disgraced our profession.

This disease in the throat is distinguished in an instant, as it is in every other organ, by the magnetic symptoms, and yet the professors in our medical colleges continue to teach and practice the old astrological symptoms.* It is now many years since I first attempted to direct the attention of some of these gentlemen to the frequent cases of tuberculated brain disclosed by these new symptoms. They were all, however, perfectly incredulous, in regard to their existence in the brain, in consequence of never having discovered them in that organ by those ancient symptoms to which they were accustomed, and which they had been taught to believe were infallible, and I was consequently compelled to continue to labor alone in the dissemination of a knowledge of these new and unerring symptoms; but "truth although crushed to the earth will rise again," and I now have the pleasure of introducing to the notice of the gentlemen referred to, and all others whom it may concern, the following article from the London Medical Gazette, for February, 1842, on the existence of tubercles in the brain.

* These professors, like the ancient astrologers, who were physicians, priests, and astronomers, pretend to distinguish chronic diseases by feeling the pulse, the aspect of the urine, and the odour of the stools, &c. &c., and they will continue to teach such nonsense as long as it is of any value in their market.

Royal Medical and Chirurgical Society, Jan. 25, 1842.

Dr. WILLIAMS, President, in the Chair.

On Tubercles of the Brain in Children, with a Tabular View of 30 cases of the affection.—By P. HENRY GREEN, M. D.—(Communicated by Dr. T. H. BURGESS.)

An analysis of 30 cases of tubercle of the brain is laid before the society by the author, preparatory to a more extended communication on this subject, which he promises to afford.

After noticing the importance of extended post-mortem researches, with a view to the pathology of the brain, so as to comprehend lesions of the medulla oblongata, he concludes with some general remarks on his Tabular View. In his 30 cases the ages, he observes, varied between 19 months and 12 years.

With respect to sex, 14 were boys, 16 girls.

In *four* cases no cerebral symptoms existed during life; in two, only periodical head-ache; in two, deafness and purulent discharge from the ear. In the remaining cases, head-ache, vomiting, amaurosis, convulsions, weakening of intellect, were observable; the duration of this chronic state varying from *one* month to *three* years.

Nine died with acute hydrocephalic* symptoms, a few with symptoms of softening, the rest of consumption, small-pox, &c.

The number, volume, and site of the tuberculous masses, varied considerably in different cases.

A discussion took place, relating chiefly to the degree in which the pathology of tubercles in the brain was known in England; Dr. Addison, particularly, stating that he believed the disease was so familiar to practitioners, that in many obscure chronic affections of the brain, it was almost confidently expected that tubercles would be found either in the substance of the brain or in its membranes.

These are all cases of children. The disease in the brain is besides very common in adults, as I always have cases of it on hand, which yield to the influence of the magnetic remedies, as it does when affecting other organs. Very little, however, is known of the pathology of tubercles in the brain in this country. There are even professors of the theory and practice of physic in our Medical Colleges, who have often exposed their ignorance by denying the existence of tubercular disease of the brain, except in extremely rare cases.†

* Dropsy of the brain.

† NOTE.—In a post mortem examination in this city, a few months since, in a case where hemorrhage of the brain had been so great from tubercular disease as to fill the ventricles and cover its inferior and superior surface, one of these sapient professors declared the brain to be in a healthy state, and a case of tubercular disease of the brain exceedingly rare.

LUGOL'S CLINICAL LECTURES ON SCROFULA.

LECTURE II.

Tubercles in different Organs. Modes of detecting them. Formation of Tubercles, its Independence of Inflammation.

Tubercles in particular Organs.—The consideration of this part of the subject belongs rather to Pathological Anatomy. The diagnosis of tubercles in particular organs, is *very difficult* at least in the first period of their existence.

When tubercles exist in the sub-cutaneous regions, the mere local examination of the part at once enables us to convince ourselves of their presence, although, as we have already stated, these morbid productions develop themselves gradually *without pain*, and without swelling of the surrounding parts, in a word without giving rise to any perceptible phenomena.

When therefore we consider, that sub-cutaneous tubercles only become manifest during the first stages of their existence, because they are external, we can easily understand how it is, that in the mediastinum and the parenchymatous organs, this source of diagnosis being closed, it should be, always difficult, and *often impossible* to recognise their presence.

Tubercles may exist in parenchymatous organs, may even partly *annihilate them*, *without their existence being revealed by any external symptoms*; or if they are discovered it is at an advanced period of their existence, when they have so far progressed that treatment is no longer of any avail. In such cases it can scarce be said that the malady has been recognized during life; *they belong in reality to Pathological Anatomy.*

Our want of success in the use of the ordinary means of diagnosing, tubercles, proves that those means are inadequate, that we follow on erroneous course in our investigations, and that we must resort to new modes if we wish to be successful.

When pulmonary tubercles are suspected, we resort to auscultation and percussion, but in many cases these fail us, even when numerous tubercles are disseminated through the lungs, and for this reason it is that many physicians, after having greatly exaggerated the value of the stethoscopic signs, now declare them of little value, at least during the first stages of the disease. There is here another mode to which we may resort, induction; for instance, a patient complains for some time of slight pain and uneasiness in the thoracic cavity, we resort to auscultation and percussion, the resonance of the thorax is every where normal, pulmonary expansion free and easy, respiration perfectly natural, and guided by these data the physician declares that there are no tubercles in the lungs. But *he is deceived*, the method of investigation which he has followed has been inefficient. If we consider that the patient is born of tuberculous parents, that he has lost brothers or sisters from phthisis, or that they are suffering from cervical tubercles, white swelling or other scrofulous affections, that his health is delicate, his growth has been deficient, in a word if we consult with care antecedents and coincidences, we shall acquire the conviction that his lungs contain tubercles, although *auscultation is powerless, to demonstrate their presence.*

One of two things happens, either auscultation agrees with the data furnished by *induction*, then it affords a valuable concurrent testimony, or it disagrees, and then I

think we should follow induction as less likely to deceive us. Especially would I rely on the evidence of hereditary taint.

Tubercles in the Brain.—Out of four cases in which tubercles were found in the brain after death, there were two in which symptoms were noted which might be referred to their presence, but in the other two, though the lesions were more serious, no signs revealed the tuberculous disease. In one of these cases the left hemisphere had nearly disappeared, being replaced by a cyst filled with tuberculous matter. It is remarkable that the brain should undergo such extensive alterations *without any external symptoms* informing us of the gravity of the lesions which had taken place in its substance.

It is equally difficult to ascertain the presence of tubercles in the cerebellum; in most cases indeed their existence is *not even suspected*. M. Lugol has met with several instances in which tubercles as large as a *walnut or a horse chestnut*, have been found in the cerebellum, in subjects who presented during life no indication of encephalic disease. One of the cases he relates in illustration of this fact, is interesting in a physiological point of view.—A young girl, though 17 years old, presented no indications of puberty, the breasts and genitals were completely rudimentary. The head was always thrown backward and it was only by an effort of the will that it could be brought forward.

M. Lugol has seen tubercles in the tuber annulare, (pons varolii, *l*, fig. 4) without any symptoms.

Tubercles in the Lungs.—In the lungs, tubercles are so commonly met with that M. Lugol believes it to be a rule having very few exceptions, that they always co-exist in that organ with other scrofulous disease, if the patient have attained to the age of puberty. They may appear very early in life, and *obstinate cough in children* sometimes depends on their presence. The period of life at which they are most commonly developed is the few years after puberty. At this period we too often observe in scrofulous patients the terrible array of symptoms which characterize phthisis.

Puberty then is the time at which tubercles in the lungs most commonly appear, and this is a rule so general, that in the only three cases in which M. Lugol recollects having assured himself of the absence of tubercles, from the lungs of scrofulous patients of adult age, the organic signs by which puberty is commonly manifested were entirely absent. Scrofulous patients, however, occasionally advance in years, without any manifestations of tubercles in the lungs, and it happens sometimes, though rarely, that at that period the symptoms of scrofula gradually diminish and finally disappear entirely—but the pre-disposition still exists and the malady may return sooner or later. Sometimes the invasion of tubercles in the lungs is sudden, and their generation progresses with frightful rapidity. This form of phthisis is rapidly fatal. This may be assimilated to what occurs in the cervical region.

Tubercles in the lungs *follow precisely the same course as elsewhere*. At first disseminated in the tissue of the lung, they gradually converge as they increase in size, and uniting, form *tuberculous masses*. These when they soften and are evacuated, leave behind them *tuberculous caverns*, which are cavities in the substance of the lungs, the walls of which are formed by pulmonary structure or by what remains of the tuberculous matter. When a tuberculous mass empties itself into the bronchus and is rejected by expectoration, it constitutes a *vomica*. It is just possible that one of these caverns may heal, but even if they do, other tubercles remain, or if not, the pre-disposition to generate tubercle still remains, and in nearly every instance the patient will eventually fall a victim to the disease. These cavities become the seat of a more or less abundant tuberculous suppuration, this is of course absent till the tubercle has made its way into the bronchus. We shall here only allude to the exist-

ence of a tracheal, pleural or costal fistula, the history of these does not belong to our present subject.

On examining the lungs of a patient who has died with tubercles, we are often tempted to ask ourselves, why did not this patient, in whom so large a portion of the lungs is destroyed, and what remains is so compressed and condensed that it is no longer capable of receiving air, die of asphyxia? It is evident that they cannot be said to breathe by the lungs, for a long period before they die; now in such cases which of the organs takes the place of the pulmonary tissue? M. Lugol had no facts which authorize him to attempt an answer to this difficult question. The presence of tubercles in the lungs may coincide with an otherwise healthy state of the organs, indeed M. Lugol questions whether the lungs may not be healthy even in the advanced stage.

From all that has been said, it results that pulmonary tubercle is in fact but tuberculous scrofula. This is the position which the disease ought to occupy, and pathologists would never, in all probability, have attributed phthisis to inflammation if they had studied it as, *what it is*, a manifestation of scrofula.*

Tubercles in the Liver, Kidneys, Ovaria, and Testes.—The liver is often found to have undergone the fatty degeneration in scrofulous patients, but it is not often the seat of tubercles. They are rare in the biliary ducts, though M. Lugol has seen one the size of a large walnut in the cystic duct. They are more common in the spleen than in the liver, and when they co-exist in these two organs, those in the spleen are most advanced. M. Lugol has never seen tubercle in the pancreas. In the kidneys tubercle is common, it invades both the cortical and the tubular portions, and sometimes acquires the size of a walnut. There are seldom more than three or four. M. Lugol has seen tubercle in the ureters. He has only once seen it in the ovaries, when it co-existed with tubercle of the folds of the mesentery, the cerebellum and the lungs. Tubercles in the testes are not uncommon.

Tubercles in the Muscles, Bones, and Blood Vessels.—Tubercles may be generated in the muscular as in other tissues. M. Lugol has however only seen it in the psoas, in that case, the tubercle was in the midst of the muscle. There was no lesion of the bones in the neighborhood, the tuberculous matter had evidently been generated there.

More than twelve years ago, M. Lugol satisfactorily demonstrated the existence of tubercles in the bones, developed in the osseous tissue and increasing as tubercle does elsewhere at the expense of the tissue in which it is developed. They have been found in the centre of bones surrounded by healthy osseous structure. Tubercles are often developed around large blood vessels, but that dropsical effusions so common in scrofulous diseases, depended on the pressure of these tumors upon the vessels, M. Lugol has not been able to convince himself. He has never known one of these tuberculous tumors penetrate the coats of the vessel around which it was developed.

Tubercles in the Blood.—M. Lugol has found tubercles swimming in the blood of the iliac veins at the origin of the vena cava. It was impossible to admit that the tubercles had originated externally to the vessel. They were of an ovoid form, ten in number.

Having now studied tubercle in the different organs, we pass to the consideration of

The Formation of Tubercles.—Pathologists are by no means agreed upon this sub-

* Nor would thousands have been hurried into their graves, as they have been every year with rail-road speed, if phthisis or consumption, had not been treated as inflammations, by bleeding, antimonials, cathartics, blisters, &c. &c. Hundreds of these, would have been saved every year, by nature alone, from the change of seasons, who are now mouldering in their graves, the victims of the scientific quackery of the schools.—[H. H. S.]

ject, some believe tubercles the product of inflammation, others a product or an alteration of secretion, others again a degeneration of the normal tissues. M. Lugol regards tubercles as *parasitical organs* generated in the economy with an organization which enables them to increase by intusseption, so that their progressive development is explained by their anatomical structure. Tubercles are not the normal tissue degenerated, else during their first stage we should be able to recognise the tissue which is undergoing the morbid change, but this is not so, wherever generated, tubercle is in every thing but form, the same; the organ in which it is developed never modifies its nature.*

As to the doctrine which attributes tubercles to inflammation, it deserves a more detailed notice.

Inflammation is a peculiar and complex state, having some symptoms which are inherent in its nature and essential, and others which vary according to its particular location. Now the products of inflammation differ in different organs and tissues. The liver does not suppurate as the lungs do, nor the serous as the mucous tissues. Tubercles on the contrary are as we have said *always identical, never varying* whatever organ they may attack. The generation of tubercles has been most studied in the lungs, let us examine it there in reference to inflammation as its cause. Pneumonia is a common disease, so common that did there really exist any connexion between it as a cause, and the generation of tubercles as an effect, that connexion would assuredly be discovered. But this is not the case. Nay more, the labors of Bayle and other pathologists prove that pneumonia has no connexion whatever with the generation of tubercles. Bayle examined the bodies of numerous patients dying with pneumonia; he found the lungs hepaticised, carnified, but never tuberculous. Again, epidemic pneumonias, are by no means uncommon, and where they have prevailed, a great mass of the population ought to be affected with tubercles, yet this has never been noted as a consequence of epidemic pneumonias by any of the authors who have left us descriptions of them.

M. Lugol hesitates to allow pneumonia any influence even in augmenting the secretion of tubercle, his facts however, do not authorize him in pronouncing a positive opinion. He thinks that many pathologists have attributed pulmonary tubercle to inflammation, who never would have thought of adopting such an etiology, for any other form of tubercle as tubercle in the liver, the spleen, the mesentery, &c.—*Med. Gazette*.

M. Lugol has, it will be seen, confirmed every thing I have said in this work in regard to the prevalence of tubercular disease in the different organs, limbs and other structures. He also confirms every thing I have said of the uncertainty of the common symptoms by which to distinguish the disease, and of the futile nature of the common remedies for it, and for which I have received so much abuse from the asses of our profession. He has earned for himself immortal honors by his investigations in this protean disease, and I may now commend to him the investigation and practice of the new and scientific symptoms, I have introduced in this country to distinguish this disease, which he will find to be constant and invariable, and which cannot fail to give him a clue to a rational, scientific and successful mode of treatment.

* M. Lugol, I may say with great deference to his opinion, is mistaken in the true character of tubercles. They are, as I have found them by numerous dissections, diseased lymphatic glands, and the new symptoms I have introduced to distinguish this disease, and which depend entirely on the motive power of the system, demonstrate this fact in the clearest manner. (See the symptoms in the case of Mrs. J. P., page 38.) [H. H. S.]

From the *Medico-Chirurgical Review*, for January, 1841.

DISPARAGEMENT OF AUSCULTATION, BY M. LUGOL, OF PARIS.

The following are extracts from the fourth lecture on the formation of tubercles in internal organs:—

"The numerous checks and *repeated deceptions* to which physicians are daily exposed in the *DIAGNOSIS* and *TREATMENT* of tuberculous diseases, do they not prove that it is necessary to leave the beaten track of inquiry and pursue some other which is less fallible? You all know that auscultation and percussion are useless in the diagnosis of pulmonary tubercles. Both alike insufficient to announce the commencement of the mischief, they are superfluous at the very time that they become capable of indicating the presence of the tubercles; for then these are discoverable by other means, and alas! are too far advanced in their development to warrant our hopes of arresting their progress—at least in the generality of cases. I will even go a step farther, and say that the unlimited confidence placed by the greater number of practitioners of the present day in auscultation and percussion, has had the effect of too often inspiring a *fatal security* in many tuberculous diseases, which are thereby allowed to advance in their progress, until this is revealed by physical phenomena at a period when remedial measures have but little chance of affecting any good.

"But what are the means, you will say to me, that are to be substituted in the room of auscultation and percussion? I answer, gentlemen, induction. Examine by these boasted methods this patient, and tell me what results you obtain. Negative results, you will reply. And yet I maintain that he is tuberculous; for his father, his mother, and his brothers have all died of tuberculous disease; and he himself is affected with it in his chest at the present moment. Believe me, this plan is much less deceptive than the other one. I tell you, the inductive method cannot mislead you; for nature is invariable in its causes as in its effects; and the external signs of tuberculous scrofula must give you assurance that similar morbid productions exist in internal organs, especially in the lungs.*

"It is by viewing the question from this elevated point of view, by studying it in all its *ensemble*, that you will be best enabled to comprehend it in its details; and these cannot be understood by the special methods of examination which have been so much recommended of late years.

"The tuberculization of internal organs exhibits in its development the same phenomena as tubercles which are outwardly situated—there is no pain, and nothing of mechanical derangements.

"The existence of tubercles in the lungs is so frequent, that I must admit that they are present in all scrofulous persons. You know that all, or almost all, patients, who have pulmonary tubercles, are, or have been at some time, affected with tubercles in the neck; the majority have had during infancy this external sign of scrofula; while others have had it at a later period of life. I believe that pulmonary tubercles frequently exist in early youth: but it is chiefly about the age of puberty that they are apt to be developed. Puberty in truth seems to have a fatal specific influence in promoting their development; and in our wards at the present moment there is a case which seems to confirm this opinion. A scrofulous patient, who, although 22 years of age, exhibited none of the usual characters of marriageableness, has just died; and in him no tubercles were found in the lungs."

* M. Lugol is mistaken in regard to the certainty of this method; for nothing is more common than to find all the external signs of tuberculous disease, without tuberculization of the lungs, and this fact is disclosed by the absence of the magnetic symptoms, while their presence gives the first notice of the commencement of the disease in the lungs, even before the cough commences.

Extract from M. Louis' Memoir on the Proper Method of Examining a Patient, and of Arriving at Facts of a General Nature.

Peritonitis,* when of a chronic character from its commencement among adults, that is, between the ages of fifteen and a very late period of life, is, according to facts which I have recorded, constantly tuberculous, or connected with the existence of gray semi-transparent granulations, developed either upon or under the peritoneum. But, as I have already stated, neither of these lesions exist in any organ unless it be observed likewise in the lungs, so that when there exists a case of well-marked chronic peritonitis, we are able, independently of the symptoms referable to the respiratory organs, or even in their absence, to recognise the existence of phthisis, or, in other words, the development of more or less tubercles, gray semi-transparent granulations in the lungs. We ought to do so, for if the law we have just stated admits of some exceptions, they are very rare, and the law will not be the less certainly established. *I have more than once announced the existence of phthisis in patients who presented all the symptoms of chronic peritonitis, but neither auscultation nor percussion of the chest afforded any signs of an appreciable alteration of the pulmonary parenchyma, and this even in patients who had not any cough.* This diagnosis many may consider as having a very slight foundation, and others may think it very bold, but it was a just one, however, and I could not give it up without, as it were, denying the laws of the animal economy, and science itself; for these laws are science.

From the Medico-Chirurgical Review, for January, 1841.

OBSERVATIONS OF M. LISFRANC, OF HOSPITAL LA PITIE, ON WHITE SWELLING.

"We find here the application of the beautiful axiom of Hippocrates; *experimentia fallax*. This patient has come to ask our assistance for a white swelling of the knee joint, accompanied with much pain and heat. We have had recourse to antiphlogistic remedies, taking care to employ with discretion evacuations of blood, in order that we might not injure the ground on which we had to carry on the war; subsequently we have used discutients when the chronic state of the disease was definitely established. For a time our success seemed complete; the pain and swelling had nearly ceased, when most unexpectedly, and without any appreciable cause, these symptoms, accompanied with effusion into the joint, returned as severely as ever. The pains yielded for a time to the endermic use of the muriate of morphia; but again they became most distressing. We shall be obliged to amputate the limb; for in all probability there is erosion of the cartilages, and possibly caries of the bones. Nothing is more insidious than the prognosis of chronic swellings of the joints. Here is a second case:

"A young man fell upon his knee, four years ago; the slight inflammation which followed was readily dissipated by the use of leeches, &c. The symptoms however returned every now and then; and ultimately the joint became permanently engorged. The lymphatic constitution of the patient forbade the use of very active depletory remedies; at first they produced most satisfactory results; and after a relapse of the symptoms, the employment of the mercurial ointment, according to the plan recommended by M. Serre d'Ures, again gave hopes of a decided amendment. This, however, was only temporary, and we therefore suspected that there must be, in some part of the system, a principle or element which nullified all our exertions. We suspected the existence of tubercles in the lungs; and, *dans une grande consultation*, this suspicion was proved to be, alas! too correct."

SKETCHES OF FRENCH SURGERY AND SURGEONS, BY AN AMERICAN.

To those who are in love with Continental Schools of Practical Surgery, the following sketches by an American Physician, Dr. Harlan, published in the Medical Examiner, of Philadelphia, may not be devoid of profit. We would earnestly direct attention to his observations. There is a growing disposition in this country, a disposition unfortunately

* Inflammation of the membrane that lines the cavity of the abdomen.

fostered by some, to look with admiration on Foreign Medicine, and more particularly on Foreign Surgery, and to imitate that mere *artiste-like* skill, mechanical dexterity, and disregard of the *scientific* treatment of disease, which have hitherto contrasted slowly with the useful and honorable, though not the showy characters of English practice. Let us hear from an eye-witness what Parisian Hospitals and Parisian Surgeons are.

"Parisian hospitals and French surgery might be presumed, *a priori*, to be the first objects of attraction to a practical surgeon; but I cannot but confess that a longer acquaintance with them, a more extended course of investigation, and a more familiar intercourse with their most eminent teachers of surgery, have in no small degree lessened the admiration with which I once viewed the eclat generally attributed both to the men and the institutions. It is true, we cannot too much admire the long-continued and laborious application by which they have attained perfection as anatomists, and the consequent manual dexterity in operations, so universally admitted as a distinguishing characteristic of French surgeons,—and here their dexterity or superiority ends. Not only so; this dexterity itself has been obtained at the expense of principle and at the expense of life; thousands are annually consigned to a premature grave by operations not always necessary to be performed at all, or improperly timed, or performed in cases that must terminate fatally, with or without operations. The mortality occurring at the Hotel Dieu, perhaps one of the best, is absolutely frightful in amputations alone; the surgeons admit a loss of ninety-five per cent., and one of the *internes* admitted, that during his residence for one year at the Hotel Dieu, not one case of recovery occurred after amputation! I esteem M. Roux, the surgeon-in-chief of this extensive institution, as a personal acquaintance, and would not heedlessly detract from his hard-earned reputation; and in thus alluding to the results of my own personal observations, I have the interests of science only in view."

Here is a sufficient answer to the assertion, that great operators are not necessarily prone to perform operations that might by caution and skill be dispensed with. A knowledge of human nature would suggest the contrary, and experience confirms it. Men will be *fond of what they are conscious of excelling in*, and there is something particularly attractive in the eclat of capital operations. The fruits of studying operations as the great aim and object of a surgeon, are perceptible in France, and will be visible ere long unless a strong resistance is offered to such a spirit in England.*—*Med. Chir. Review*.

"Every one," says Professor *Debreune*, "knows that the great multitude of cases, or rather the apparent frequency of chronic gastritis (dyspepsia) arises, on the one hand, from the extravagant extension of the principles of the self-called *physiological medicine*, and on the other hand, from the prepossession in the minds of many practitioners in favor of the system of *universal irritation*, and therefore in favor of *antiphlogistic remedies* in treating them.

All pains and disorders are attributed by these men to chronic irritation or inflammation of the gastric mucous membrane. Whenever the tongue is somewhat redder than usual, and there is any uneasiness in the epigastric region, loss of appetite, and irregularity of bowels, recourse is had at once to *leeches*, gummy drinks, and a *starving regimen*.

..... A disciple of the *physiological*, or Broussaian school, sets himself to treat a case of chronic gastritis. He recommends—and very properly—the remedies just now mentioned. Next day the symptoms are relieved; but as there is still some tenderness in the epigastrium, the leeches are ordered to be repeated. Again relief is experienced. The epigastric pain however continues from day to day in spite of the vigorous depletory treatment. The patient too becomes gradually weaker and weaker: his pulse quickens, and a slow fever is lighted up in his system; while all the while the appetite is pretty good, or even craving. We need not pursue such a history, as we shall presently point out how such a case should be treated.

..... A second patient presents himself, laboring under atony of the stomach, which

* "I never have known a professed or devoted surgeon who was a good physician," has long been a common remark among physicians of this country.

is usually characterized by derangement of the digestion, and uneasiness or even actual pain in the epigastric region.

Now this is often considered a case of chronic gastritis; and it is also treated with leeches, low diet, &c. The immediate result of this treatment is an increase of the general weakness. Perhaps, however, the epigastric uneasiness is relieved—a most deceptive sign of real amendment, and one likely to mislead the inexperienced practitioner. Probably the application of the leeches is repeated, under the mistaken idea that there is still some lurking inflammatory irritation.

. Now let us take another case, that of a patient affected with gastralgia, or gastrodynia. In such cases, along with the severe pain in the region of the stomach, there is usually loss or impairment of appetite, and other symptoms of a disordered digestion.

There can be no mistake here, it will be said by the *physiological physician*, that a genuine gastritis exists. Numerous leeches are therefore applied, and a most strict diet is enjoined.

Now almost every pain—whether phlogistic, rheumatic, neuralgic, or even atonic—is relieved for a time by the application of leeches in the neighborhood of the affected part. In neuralgic and atonic pains, the relief is however delusive and only temporary; for next day, or even sooner, they are as severe as ever. If this mode of treatment be there fore continued, the patient's strength is more and more exhausted, and the disease probably aggravated at the same time.

. Then again consider the symptoms of a patient affected with scirrhus or incipient cancer of the stomach. He suffers from a sense of continual weight, and from a dull and deep-seated pain, especially when the stomach is empty, from most troublesome flatulence, acidity, frequent vomiting of a glairy matter, constipation, &c. The antiphlogistic treatment—under the impression that the case is one of chronic gastritis—is followed by nearly the same effects, as we have pointed out, are apt to follow in atony of the stomach.

. Lastly, in cases of ordinary *embarras gastrique*—characterized by loss of appetite, a bitter taste in the mouth, a coated tongue, nausea, vomiting of bilious matters, sensibility of the epigastrium, headache, &c.—the physiological physician has often been sadly in error in supposing that the antiphlogistic treatment was at all necessary for its relief.

HYDRATE OF POTASH.—This new preparation of Iodine, which has been three or four years under the puffing process for the cure of scrofulous diseases, and after a fair trial has been discarded by some of the most eminent men of the medical profession, is now found to be a virulent poison, as will be seen by the following extract from the *Med. Chir. Review*, for Oct. 1840.

GLASGOW ROYAL INFIRMARY AND LOCK HOSPITAL.

DANGERS FROM THE EXHIBITION OF THE IODIDE OF POTASSIUM.

Dr. Laurie, physician to the above Institution, relates several cases with the view of pointing out the dangerous consequences that may follow the use of the iodide of potassium. The cases we need not quote—the conclusions we may.

"It would appear," says he, "that the hydriodate of potash and iodide of starch are dangerous and uncertain remedies. I am, in my own mind, quite satisfied that they were the causes of death in cases 3d and 5th. Their *uncertainty*, in a remedial point of view, is even more to be lamented than their danger. If they were unsafe in large doses, and safe in small, or if the disease for which they are exhibited, or the constitution of our patient, had an indefinite influence on their *poisonous* effect, they might be used with comparative impunity. As yet, however, I know of no criterion by which we can judge beforehand of their probable effect; that the quantity exhibited is no guide, I am very certain."

PROFESSIONAL APHORISMS.

1. The "savoir dire," the "savoir faire," an agreeable exterior and good manners, the knowledge of the world, a certain "je ne sais quoi," which pleases and attracts, are turned to excellent account by some physicians. But it will not do to examine such gentlemen too narrowly; we must not blow too strongly upon this froth; for the prestige quickly vanishes. These qualities are, indeed, to the character what embroidery is to a garment, whose web is of no great value.

2. "*An enlightened ignorance*;"—these words, although seemingly contradictory, express an important truth. It is given but to very few to reach this high degree of philosophic truth.

What study, what watchings, what meditation, how much judgment and modesty are required to know that we know but little, to estimate at their real value the acquisitions of science, to arrive at length at those limits where it is written "*unknown*." Montaigne, with much truth, distinguishes the abecedarian ignorance and the doctoral ignorance; the latter requires a whole lifetime's labor to attain to.

3. *Bloodletting* is a very efficacious remedy in pneumonia; *tartar of antimony* in large doses will often cure this disease; *opium* also may claim considerable success; and *musk* has saved not a few cases. But tell us, you say, with precision, when are we to resort to bleeding, when to antimony, when to opium, and when to musk? We are almost compelled to admit that we cannot. It is the same with almost all pathological affections.

Shall we ever see the time, when we shall no longer be acting with hesitation and uncertainty, or pronouncing upon *vague symptoms*, and groping our way upon mere conjectures?

4. What is the cause of the bitterness of one physician against another? Why does he blame him in everything, and on every occasion? The truth is, he is occupied with the same subject, and he has been less successful. Do you not see the caterpillar abusing the work of the silkworm?—and yet the caterpillar can spin also.

5. It is really absurd and ridiculous to see ourselves so often outstripped in the medical race by dolts and fools; and yet it is a disgrace and reproach to succeed after the fashion of some people.

6. There are some writers, whose language, by being strong, compressed, and profound, exacts so much from the thought, that it is called obscure and unintelligible. The author of the *New Elements of the Science of Man* is an example of this style. A physician said once to this great man:—"Your book is much too difficult to be understood." "Patience," replied Barthez, "I am preparing an edition which will be so clear that every ass will be able to drink from it."

An acute sense, much knowledge, a superior reason, and a rare talent of disentangling truth from fiction and from mere probability, are necessary to enable us to form a just appreciation of theories and principles, and of their application to practice. Whoever has not acquired these qualities is condemned, like the crowd, to follow the standard of another, and to fall into either an irrational skepticism, or an empirical routine, which is too often dignified with the appellation of experience.—*Gazette Medicale*.

An experienced nurse is seldom able to describe the plainest case, without employing a phraseology of which every word is a theory; whereas a simple and genuine specification of the phenomena which mark a particular disease; a specification unsophisticated by fancy, or by preconceived opinions, may be regarded as unequivocal evidence of a mind trained by long and successful study to the most difficult of all arts, that of a faithful interpretation of nature.—DUGALD STEWART.

CHAPTER X.

PHYSIOLOGY.

LIVING MAGNETISM.

ASTOUNDING DEVELOPMENTS.

PERFECT KNOWLEDGE IN THE SOMNISCIENT STATE.

Full Confirmation of the Magnetism of the Human Body.

THE state of the human system, called the mesmeric, sleep-waking or somniscient, was long known to the ancient eastern nations, who practised manipulations and employed the magnet in the healing art, like the magnetists of the present day.*

They also obtained, from persons in the somniscient state, a knowledge of the past, the present, and the future, which they regarded as perfect, and on extraordinary occasions, they proclaimed to the world from their temples the knowledge thus obtained. These temples, in which their most distinguished clairvoyants, priests and priestesses were supported by the voluntary contributions of different nations, were plundered and destroyed by the barbarians in after ages, and the art by which that knowledge was obtained, was lost in the dark periods which ensued. It was not until long after the revival of knowledge, indeed in the last century, that Dr. Frederick Antony Mesmer led the way to discoveries which have at length raised

* 'Travellers in eastern countries describe paintings found in the temples of Thebes and other ancient cities which represent persons in a sleeping posture, while others are making passes over them.' The priests of Chaldea, of Nineveh, of Babylon, of Judea and Jerusalem, and the priests and physicians of ancient Greece and Rome practised magnetism in their temples and in the healing art, long before the Christian era. 'Aristotle informs us that Thales, who lived six hundred years before Christ, ascribed the curative properties in the magnet to a soul with which he supposed it to be endowed, and without which he also supposed no kind of motion could take place. Pliny also affirms the magnet to be useful in curing diseases of the eyes, scalds and burns; and Celsus, a philosopher of the first century after Christ, speaks of a physician by the name of Asclepiades who soothed the ravings of the insane by manipulations, and he adds that his manual operations, when continued for some time, produced a degree of sleep or lethargy.'

the veil that so long covered the sources of those beacon lights of the ancient eastern nations.

The announcement of these discoveries excited astonishment every where at first, and then the fears of the timid, and lastly the malignity of the bigotted, who assailed and continue to assail all those engaged in their extension and diffusion. His enemies attacked Dr. Mesmer with great fury, and compelled him to flee from city to city, and at last from his country, for attempting to unfold these ancient and sacred mysteries to an ignorant world. On his arrival in Paris he appealed to the enlightened *savans* of France, who witnessed the facts he presented, investigated the phenomena, compared them with those elicited through their own researches, found they corresponded, and became converts to the long lost and newly re-discovered science.

The cool, phlegmatic, and sedate philosophers of England, looked for a long time upon these as German abstractions and French baubles, and treated them as such. But they have been, at length, driven to an investigation of the subject. This has resulted in an entire conviction of the reality of the somniscient or magnetic influence of the human system, and they have recently proclaimed it to the world through their learned societies.

This wonderful field of knowledge having been thus cleared of the hedges and spectres with which it was encompassed by ignorance and fanaticism, may now be entered with safety. We may drink at its fountains, survey its temples, and increase our knowledge of the science of that great system by which we live, move, and have our being.

It is now six or seven years since the attention of the people of this country was directed to an examination of these phenomena by M. Poyen—and about five years since I first obtained an experimental knowledge of the overwhelming influence of this agent. A few months since, a reverend gentleman of this city,* who had been long engaged in somniscient experiments, invited me to assist him in a systematic examination of the labyrinths in which the subject had been so long involved. I accepted the invitation, and at the same time suggested to him the propriety of availing ourselves of the aid of a practical phrenologist,† to which he assented.

We commenced our operations in February last with the private examination of a young lady in the somniscient state. She described the brain as having large magnetic poles in the front part of the head, situated in the organs of causality *a. b.* fig. 22, also two in the cerebellum under the back part of the brain and in the organs of amativeness *c. d.*, the axes of which on a line from *a.* to *d.* and from *b.* to *c.* in the form of lines or chains crossed each other in the centre of a large pole situated in the centre of the brain, as seen in the figure. This section of the brain is made from *A. to B.* fig. 23, through the organs of comparison *F.*, causality *G.*, and

* Rev. La Roy Sunderland.

† O. S. Fowler, A. B.

through the cerebellum *D.* to *H.* She described the convolutions as having each a small pole connected with each other and with the large pole in the centre of the brain as seen in the figure, and the brain as being full of light, which was most intense in the centre of the poles from which the forces radiated. She also described the blood vessels in the brain, and its fibres radiating in the direction of its forces, from the centre of the large pole in the centre of the brain.

The figure (22,) which is intended to represent a longitudinal section of the brain and cerebellum, may be advantageously compared with fig. 24, which was accurately copied by Dr. Anderson of this city from a section of the brain about an inch above its base or under surface, and above the cerebellum. It gives a fine view of the convolutions, and of the white substance into which they are plunged, as well as of the great superior ganglions, *PP*, the color of which is redish grey like that of the convolutions. The centre of the great pole in the brain, is situated in the third ventricle *S*, between the great inferior ganglions *d d*, the color of which is blueish white.

When the convolutions are cut away from the outer side of the brain, to the depth of about an inch, the outer surface of the great inferior ganglion is exposed, as seen in fig. 25. The fibres and forces of the brain radiate through this surface to the convolutions or phrenological organs, the interior construction of which, may be seen by a single example at *c*. They are formed of thin plates of the white, overlaid alternately with thin plates, of the redish grey substance, and are divided into nearly equal parts by a thin neurilema or membrane, as seen at *e*, constituting them double organs, as will hereafter be shown.

On enquiring whether the other organs of the body had poles as well as the brain, she answered "Yes they all have poles." She was then requested to give us their number and situation in the different organs, which she at first declined doing from a sense of modesty, but on exciting the organ of Benevolence and representing to her the importance of the disclosures in a physiological point of view, to those that were sick and suffering from disease, and that as I was a physician, and familiar with the forms, situations and uses of all the organs, she should not under such circumstances hesitate to comply with our request. She at last consented to tell me on condition I would not allow the other gentleman to hear any thing she said, which I promised to comply with.

I then requested her in private converse to tell me the number of poles in the left lung, when she placed her right hand on the left and front side of the chest, and raised the left hand to the back part of the neck, and pointed her finger to the left side of the space between the last cervical and first dorsal vertebræ, on which she requested me to place the end of my finger while she examined the lung, when she said there was but one pole in the lung, which was very large, and situated in its centre, *F*, fig. 21. She then

requested me to move my finger to the space on the opposite side of the last mentioned joints, and then placed her hands on the right and front side of the chest and said there was but one pole in the right lung, G; and that like the other was situated in the centre of the lung.

I then requested her to examine the heart, when she requested me to change the situation of my finger to where she first placed it, and then commenced the examination of the heart by placing both hands over it as in the case of her examination of the lungs, and soon observed "the heart has two sides to it, hasn't it?" I answered yes, when she said there were two poles in each side of the heart,—one of which was in the lower and the other in the upper part of the heart on both sides. I then requested her to examine carefully, and see if there were no other poles in the heart except those she had described; when she commenced the examination of the heart again, and said she had overlooked a pole in the centre of the heart, through which the axis of the poles in its circumference crossed each other like those of the brain.*

She then commenced an examination of the stomach, and requested me to place my finger on one of the vertebræ between the shoulders, (third dorsal) when she said there were two poles in the space in the stomach, one towards the right, and the other towards the left side of it. H H, fig. 21.

I then inquired of her whether she could see a division (the diaphragm) between the space occupied by the stomach and that occupied by the lungs and heart, when she answered "Yes." I then requested her to look along the under, and left side of that division, and tell me what she saw there; when she observed, "What those round things?" (ganglions of the solar plexus.)† Yes. "Oh, how pretty they look!" What makes them look pretty? "Why they look so bright!" "There is a small pole in every one of them and a large one a little distance on one side, which is connected with them." Will you now look along under that division in the right side and tell me what you see there? "Yes I will. Oh! how beautiful! Those little round things, with the poles are there too, just like those in the left side." Can you see the bowels below the stomach? "Yes." Can you see also a covering laying over them (the mesentery or caul)? "Yes, and I see a great many of those round things in it, (the mesenteric glands) and they all have those little poles in them, and then there is a large pole that is connected with them like those above which I described to you."

Will you now examine the liver, and see whether it has any poles? "Yes. You put your finger on the side of a joint below where you had it last." I placed my finger on the right side of the space between the seventh and eighth dorsal vertebræ, when she said that was right, and proceeded to examine the liver in her usual manner, and then said "there are two poles

† AAA, fig. 26.

* See page 25.

in the liver." (I.) Will you now look close under the stomach and see if you can see any thing there. "Yes, I see something lying under there." (The pancreas.) Will you describe it? "I don't know that I can very well." Is it round? "No, it is longer one way than it is the other." Do you see any poles there? "Yes it has two poles." Do you see anything lying on the left side of the stomach? "Yes. Don't you call it the spleen?" Yes. "Well, put your finger on the other side of the joint where you had it last: that is right,—there are two poles in the spleen." (J.) Will you look below the spleen, near the back, and tell me what you see there? "What that big round thing that lies close to the back?" (the left kidney.) Yes. She then placed my finger on the left side of the space, between the twelfth dorsal and first lumbar vertebræ, and observed "it has but one pole." (L.) Are you not mistaken, look again. "No, I am not mistaken,—is not this the kidney?" Yes. "Well, is there not another one on the other side?" Yes. "Well put another of your fingers on the other side of those joints. That is right. This kidney is just like the other. It has but one pole, but these poles are connected together." How connected? "By those lines or chains I have before described to you."* She then placed her hands on the left side over the left kidney, and then moved them up over the short ribs, and observed "there is something curious about the left kidney and the spleen. I don't know what it means. Oh! I see now, *the poles of the kidney and those of the spleen are connected together* by the lines or chains, like those of the kidneys, but not so large." Is there any connection between the right kidney and spleen? "No, except by the chains through the left kidney." Is there any connection between the kidneys and the liver? "No, not by large chains like those between the kidneys and spleen. All the organs are, however, connected more or less by small lines."

Will you now examine the uterus and see if it has any poles? She now placed my fingers on the spaces between the second and third lumbar vertebræ, and said, "it has two poles." (M M.) Do you see any thing attached to the uterus on the right and left side of it? "What, those round things?" (R R.) Yes. "Yes, I see them; they have each of them one pole, and they are connected with the poles of the uterus." Are there any poles low down below the uterus, (entrance of the vagina?) "Yes, there are two there,—one on each side."

Will you now be so good as to examine your tongue and see if that has any poles? "Yes, I will try to do so. Well, it has a great many little poles all round the edge of it, and a large pole in the middle, which is connected with them by little lines extending from the large pole to the little poles."

* She describes the axis between the poles of the brain and those between the poles of the other organs as looking like large bright lines, which she would sometimes call chains or loops.

Can you see the opening in your throat where the air passes into the lungs? "Yes, and there is one pole there." Can you see the upper part of the passage into the stomach? "Yes, and there is one pole there." No more? "No." Any in the lower part of that passage? "Yes, one." Can you see the place where the food passes out of the stomach? "Yes, there is one pole there also." Can you see any poles in the intestines, below the stomach? "Yes, there is a great many little ones in the bowels." Do you see a place towards the lower part of the bowels where a small intestine is joined to a large one, and where the intestines appear to be blocked up, so that nothing could pass through it? (Ileo-cæcal valve.) "Yes, and there is a large pole there." Is there any pole below that? "Yes, there is one in the lower part of the bowels." Is it a small or a large pole? "It is a very large one."

We have now finished our long examination of the organs, and I am greatly obliged to you for the information you have given me on this most important and interesting subject.

There is another subject of great interest among physiologists which I should be pleased to direct your attention to, and that is the manner in which our existence commences. "Well, I don't know that I can tell you. I will see." Here she paused a moment and then proceeded. "Yes, I suppose I can tell you. Our existence commences in the process of magnetising as well as every thing else I suppose, that has life." Are you sure of that? "Yes, to be sure I am." Well, is our form perfect then, and do we afterwards gradually increase in size? "No! our existence commences in one part first." Are you sure of that? "Why to be sure I am." Where does it commence first? *She then placed her fingers on the sternum or breast bone over the thymus gland, and said, "It commences here."* How are the other parts of the body formed? "Poles shoot out from where the work commences, and organs are formed round them, and then other poles shoot out and other organs are formed, and so with every part of the body, until they are all formed, and then the body grows as you say." Can you tell me what part of the body is formed last? "Yes, I guess I can. She then commenced feeling up and down her body as usual, and at last shoved her hands up each side of her head, and exclaimed, "The brain! The brain is the last formed." Well, it commences forming on the top of the brain first, does it not? "No! It begins to form in the lower part of the brain and then poles shoot up and form the phrenological organs." Astonishing! can it be possible that you, a poor blind girl, can have such knowledge, can know these things? "Yes, I do know them to be just as I have stated them, or I should not have told you as I have."

There is another subject of great interest to physiologists, to which I wish to direct your attention, and that is the law that determines the sexes in the commencement of our existence. She hesitated a moment, and then

said "I can tell you. It depends on which is magnetised the strongest." If, then, the man is magnetised the strongest, it will be a male, and if the woman happens to be magnetised the strongest it will be a female? "No! it will be exactly the reverse from what you say." Are you sure of that? "Yes, I know it is necessarily so."

There is another subject on which physiologists have different opinions, and that is, whether the separate existences of twins commences at the same time or at different times? "The existence commences at the same time, and then one may, under such circumstances, be a male, and the other a female; for the order of the greatest excitement is sometimes reversed during that time."

Can you see the form of all your organs in this state? "Yes, to be sure I can." The inside as well as the outside of the organs? "Yes, and I must of course, you will see, see every part of them, or I could not tell the situation and number of the poles in the organs." Do you know any thing of anatomy in your natural waking state? "No, nothing of any consequence. I have been blind from my infancy, and how could I know any thing of anatomy."

Is there any connection between the poles of the uterus and the breasts, or mammæ, besides that of the nerves? "Yes, they are connected by those large lines or chains I have described to you. One of them is connected with the poles of the uterus on one side, and with those of the breast on the other; and they consequently cross each other."* There is no such connection between the uterus and stomach. "Yes there is the same kind of connection between the poles of the uterus and those of the stomach, and they cross each other in the same manner." Why did you request me to press on the vertebræ while you was ascertaining the number of the poles in the organs? "Because I could tell the situation and number of the poles better when you was pressing there." How could you tell better when I was pressing there? "Because the nerves there are connected with the poles of the organs." Do you see how the spinal nerves are connected with the spinal marrow, that great cord that is connected with the brain, and extends down through the joints of the back bone? "Yes, those nerves are some of them connected with the front and some with the back part of it." (*h h*, fig. 26.) Do you see any thing on the nerves connected with the back part of it near the joint? (ganglions of the spinal nerves.) "Yes, I see a bunch or round thing that has a small pole on it on each nerve." You see the same things on the nerves that are connected with the front part of the spinal marrow? "No I don't. There is no bunch or round things on them like those on the back part." There ain't ha? "No, not that I can see. If there is any there I can't see them." Miss, I have done with you now, and you can now speak to Mr. Sunderland, who wants to talk with you about the phrenological organs. "How

* See note K page 138.

do you do Mr. Sunderland? (Taking him at the same time by the hand, and shaking it heartily.)

These extraordinary revelations excite the greatest astonishment in the minds of anatomists and physiologists, who are the best judges of their correctness. A question may be very naturally suggested that might lessen their importance in some degree in the minds of some persons, and that is whether she could not possibly have received some of her knowledge, at least, through my mind.

In answer to this question I can state, first, that such an objection was felt and anticipated before the examination was commenced, and every precaution that was suggested to my mind was taken advantage of to prevent such a result. She was separated entirely from a person who had a most extraordinary influence over her in the mesmeric state, and I magnetised her the first and only time for the above examination to prevent or lessen any influence Mr. Sunderland might be supposed to have over her mind who had been in the habit of magnetising her. Besides I had long been in the habit of changing my mind in an instant from one subject to another,—I had long trained myself to it, and endeavoured to exercise it in the above examination in such a manner as to prevent her from learning any thing from me, and so much so that in the last question I tried hard to impress upon her mind a belief that there were ganglions on the motor or spinal nerves connected with the front part of the spinal cord.

Again she described the connection between the left kidney and spleen, a fact I had so entirely forgotten as to be induced to examine the books to see if there was any visible connection between them. But a circumstance occurred which settled this question fully and satisfactorily, for we commenced an argument with her, and tried with great earnestness to induce her to yield her opinion, but without the least effect.

I afterwards commenced an examination of an educated lady, magnetised by Mr. Sunderland, and went through the examination in the same manner I did with the above mentioned girl, and with the same results. She confirmed in the most minute manner the number and situation of the poles in the brain, lungs, heart, stomach, pancreas, plexuses, mesentery, liver, spleen, kidneys, uterus, ovaries, tongue and orifices, and the connection between the left kidney and spleen, and also the connection between the uterus and breast, and the uterus and stomach, &c. &c. Mr. Sunderland then commenced an examination of the joints of the limbs and spine, each of which she said had two poles, one for extending and the other for flexing the body and limbs, when Mr. Sunderland commenced demonstrating that fact, by exciting the different or positive and negative poles of the elbow joint, situated at the points of the insertions of the muscles, one near the upper and the other near the inner side of the condyle of the humerus, when she would extend and flex her arm, alternately, by exciting in the *lightest manner* the different poles. He produced the same result by ex-

citing the different poles of the wrist, on the opposite sides of it, and also by exciting the different poles on the opposite sides of the joints of the fingers.

He then held the point of a penknife near the organ of causality, on the right side, when she began to move her head from it. He then held it near the same organ on the left side, when she began to move her head towards it, and on inquiring the cause of her doing so, she answered "It pulls, oh! take it away." He then held the point of the knife near the organ of amativeness, on the right side, when she again observed "it pulls." He then held it near the same organ of the left side, when she soon began to move her head from it, and on inquiring why she did so, she observed "it pushes."

On holding the point of the knife over the top and centre of the brain, she soon cried out as before, "it pulls," thus demonstrating an exact correspondence in the number and order of arrangement of the different poles in the brain, with that of the magnetised disc. fig. 8.

She gives a charming description of the magnetism of the brain, in which she says it appears very light, the intensity of which is greatest in the centre of the poles, from which bright lines radiate in every direction like rays of light: that there is one small pole in each organ of the brain, besides those in the organs of causality and amativeness, which she describes as being comparatively very large, and the great pole in the centre, connected every where with those in the circumference, and they with each other.

On directing her attention to the color of the brain, she said the inner part of it was very white, and the outer part around the little poles in the organs was of a redish color, and besides there was two bodies of the same redish color on each side (great superior ganglions) near the centre of the brain and a little forward of the centre of the great pole.

On a second examination in the same somniscient state, I directed her attention to the appearance of the top of the brain, which she described as having an uneven convoluted surface, when I presented her with the plate of the top of the brain fig. 3, printed with a very light or pale red ink, which she placed over her stomach, and said the top of the brain looked very much like it. I then requested her to tell me the color of the plate she was holding over her stomach, when she answered it was "a very light red or flesh color." I then presented her with the side view of the brain and cerebellum fig. 23, printed with the same ink, which she applied to the stomach, and said it looked very much like the side of the brain, and recognised the cerebellum and the color of the plate as before. She also noticed the situation of the cerebellum in which she said the large poles in the back part of the head were situated. I then requested her to tell me whether there were any other poles in the cerebellum, except the large ones she had described, when she answered, "Yes, there are two small

poles between the large poles in the back part of the cerebellum." (See the vermicular process, or *processus vermicularis*) B, fig. 28.

On directing her attention again to the great superior ganglions, *a a*, fig. 26, she said there was one small pole in each, in front of the centre of the great pole in the brain, and one very near the back part of it, in a little body of a redish color (pineal gland *e*, fig. 26,) like that in which the two little poles were situated, in front of the great pole. I then inquired whether she could see any thing just behind the little redish body with one pole, when she answered, "yes, it looks hubby there." (See quadrigeminal bodies *c c*, *d d*, fig. 26.) Can you see the upper part of the spinal cord connected with the brain? "Yes." Are there any poles in it? Yes, there are two in it, in little round or oval bodies, (olivary bodies *a a*, fig. 6, *i i*, fig. 26.) Are there no other poles there? "I can't see any more there." Can you see the large nerves along the back part of the spine connected with the spinal cord? "Yes." Can you see any thing on them, or connected with them near the spine? She hesitated a moment and then said, "there is a place in each nerve there, that bulges out, and they look very light there, *h h*, fig. 26. They glow with light, but I cannot see any poles in them distinctly."

I want you to look now and see whether you can see any one nerve extending from the brain along down the neck and front side of the spine." (Great sympathetic nerve *d d d*, fig. 29.) "Yes I can, and it has little small bulges in it." Can you see any thing in those small bulges? "Yes, I see a small pole in each one,—that's all." What is that nerve connected with? "It is connected with those little places that bulge out. Does it connect with any thing else? She hesitated, and then said "nerves go out of those little bulges to the organs." Do any of them go out to the spine? "Some of them go to the spine, or some of those in the spine go to them, I don't know which." Can you see where that long nerve you have been describing is connected with the brain? "Yes, it is connected with it just back of that *hubby* place." (*c c*, *a a*, fig. 28. It is connected with the brain at *n*, fig. 28.)

Can you see the centre of the great pole in the centre of the brain? "Yes, it looks like a little stem and very light." How does it look around it? "Very dark."

She places the centre of this great pole of the brain in the centre of the third ventricle, A, fig. 5; *s*, fig. 24; *i*, fig. 28, between the great inferior ganglions *d d*, where it will be seen I had long since traced it by a comparison of the direction of the fibres of the brain (fig. 5, 6, 7,) with the direction of the forces in the magnetised disc. fig. 8.

You told me in our last examination that the poles of the uterus were connected with those of the stomach and those of the breasts, and that each connection crossed each other, and will you now tell me whether there is

a pole at each of those places? "No, there is no poles where those lines cross each other."

I now placed my finger over the parotid gland, 8, fig. 17, directly under the lower point of her ear, and enquired whether she saw any thing under my finger, when she answered, "yes, I see a little round thing under there." What else do you see? "I see a little pole in it, that's all." Do you see any of those little round things along the side of your neck here? "Yes, I see a string of them along my neck and all the way down in front of the spine. There is a string of them on the other side too, and there is a little pole in every one of them." Astonishing! These are lines of, or as we call them ganglia of lymphatic glands, extending from the ears to the lower part of the sacrum, called cervical, dorsal, lumbar, and sacral glands, because they extend along the front of all these vertebræ, B B, fig. 21.

I placed my fingers over the thyroid glands, on the sides of the trachea, T, fig. 17, when she said "there was one small pole in each gland," and on moving my fingers over the submaxillary glands under the jaw, she observed that each of them had one pole.

I now directed her attention to the brain again, and inquired whether she could observe any motion in the brain, when she answered, "oh! yes, the brain is constantly in motion." (Synchronous with that of the heart.) Yes, I know the brain is constantly in motion from the action of the arteries, but I want to know whether you can see any motion when you are thinking or speaking, along the fine lines which radiate from the centre of the large pole in the brain to its convolutions or organs? After a pause of two or three minutes, she answered, "yes, I see a motion along those lines when I am thinking." Can you see the nerves in your arms? "Yes, I see them very plain." Raise your arm and tell me whether you can see any motion along the nerves when you are moving it. "Yes I can." Which way do you see the motion? "Up so," (pointing from her hand towards her shoulder.) Now move your arm down. Did you see any motion then along the nerves? "Yes, it moved down." How do you know there is any motion along the nerves when you think, or when you move your arm? "Because it looks *lighter* where it is moving along the nerves."

You told me the last time you was in this state that there was one large pole in each eye, and will you now tell me where they are situated, whether in the back, front part or sides of the eye? She hesitated a moment and then said, "they are situated in the middle of the eye. Isn't there a round, or oval thing in the middle of the eye that looks very clear?" Yes. "Well the poles are there, in the middle of those round things," (the lens.)

You say the poles in your eyes are large poles. "Yes." Are they as large as those in your stomach? "No, not quite so large." You say

you see with your stomach, and now will you tell me how you see with your stomach? "I see with the poles of my stomach." As you do with your eyes when you are awake? "Exactly so." Are the poles in the sides of the stomach, or in the space in the stomach? "They are in the space in the stomach." Whereabouts in that space? "Here," (placing her forefingers on the stomach, and each about two inches to the right and left of the median line.)

Do you know any thing of anatomy in your natural waking state? "No, nothing."

On a third examination in the same somniscient state, Mr. Sunderland enquired of her what she felt with, or what the sense of feeling was in; whether in her skin, flesh or bones; when she answered, "No, it is not in either of them." What then do you feel with? "I don't know." I then took hold of her hand, and when pinching one of her fingers enquired, where does the sensation of pinching go to? "It goes along up my hand and arm to my head." How do you know it goes there? "Because I can see a motion along the nerves from the pole where you are pinching my thumb to the brain." How can you see a motion along the nerves? "Because it is lighter where it is moving along."

What part of the brain does the sensation go to? "To the middle of the brain I believe." Well, the magnetic forces move along the nerves as you have before described? "Yes they do." Are not the sensations then in those forces? "Yes, to be sure they are?" Then do you not feel with them? "Oh! of course I do."*

Her attention was now directed to the two small poles between the large poles of the cerebellum, (fig. 22,) by Mr. Sunderland. She observed to him, "There are two small poles there between the large poles." Where is the organ, or organs to which they belong? "Here," (placing her finger on the lower part of the projection of the skull in the hollow of the neck.) Is there any connection between those small poles and that organ? (83 fig. 30.) "Yes there is." What organ is it that enables you to move first in one direction, and then another,—to raise your arm, or move it down? She hesitated a moment, and then placed her finger on the same organ again, and said "it is here." (See the opinions of Dr. Vimont, Solly, Reil, Gall, Spurzheim, Combe and Broussais, on the *processus vermicularis* B, fig. 28, in which these small poles are situated. Motive Power of Organic Life, page 62, 63.) Do you know the situation of the different organs of the brain? "No, I don't know the situation of any of them." Is not that you have just had your finger on the organ of motion? "Yes, I suppose it is."

This lady's countenance and manner had been constantly very serious

* This fact is demonstrated in various experiments upon persons in this state, and is on many accounts a very important addition to our knowledge.

and in fact very solemn during the time occupied in these examinations, and he now determined to produce a change in both if possible. He accordingly excited the organs of ideality first, 35, fig. 30, and then mirthfulness, 20, when she began to smile and then pulled his fingers away from that organ. He then excited the organs of time, 16, and then of tune, 17, when she began to sing with a full voice and with great melody. When she had finished the song, he invited her to take a seat at the piano, which invitation she accepted with great eagerness, and astonished and delighted us, with the deep toned melody of her voice, and of the piano. She then played three or four of her favorite and lively tunes, unaccompanied with her voice, in a manner that has been rarely if ever equalled.

The results of these examinations* are the most extraordinary and the most important to mankind of any that has been obtained on any subject in modern times. The commencement of our existence in a simple magnetic phenomenon, and the development of the manner in which the organs and limbs are successively formed and moved, as disclosed in the somniscient state, is a beautiful example of the order and simplicity of manner in which nature uniformly executes her work; and motion in man, it will now be conceded, is the result of his organized and consequently powerful magnetic forces like that in other organized bodies, according precisely with the theory I have long since taught and demonstrated on the magnetised rings, and not to the feeble capillary attraction and repulsion of inorganized bodies, called endosmos and exosmos, as taught by modern physiologists.

The magnetism of the human system as disclosed by these examinations, requires a very extended commentary, for which I have no room in this work, and which must consequently be deferred to a future period. I can therefore only allude to a few facts, the novelty or importance of which may not be noticed or understood by the reader. One of these is the situation of the great pole *i*, within the triangle formed by the small poles in the pineal gland (ganglion) *s*, and the great superior ganglions, *a a*, fig. 26, and the division of the brain and cerebellum into four equal parts by the magnetic equators *ef*, and *r s*, fig. 22, (see the poles, axes and equators in the magnetised disc. fig. 9, page 20.

The sensations are in the magnetic forces, and are attracted from the different parts of the body along the nerves and spinal marrow to the centre of the brain, and from thence along its fibres to its convolutions, the reservoirs of the inclinations, which are inherent in and belong to the sensations, like the expansions to repulsions, and the contractions to the attractions of these forces.

* Mr. L. N. Fowler, Phrenologist, who was present at one of these examinations, informs me that he has since examined two boys at Boston in the somniscient state on the subject of the number and situation of the poles in the organs, with the same results as those obtained in these cases.

In the act of thinking, these forces move from the great pole in the centre of the brain, to the convolutions or phrenological organs, and from these intellectual organs to the great pole in the centre. We therefore think by the action of these forces, and our *will* or the engineer which determines our actions, by the directions of our inclinations, must consequently be situated in the pole in the centre of the brain.

The heart, the great centre of motion of the system, is magnetised with *five* large poles like the brain, by which motions are produced in this organ, and extended to every part of the body. The other organs have poles for the purposes of digestion, secretion and excretion, &c. and the orifices of the alimentary canal for the purpose of opening and shutting them, and for attracting the fluids or semi-fluids along these tubes.

Number of large poles in the organs.—Brain, 5; eyes, 2; ears, 2; lungs, 2; heart, 5; stomach, 2; liver, 2; spleen, 2; pancreas, 2; kidneys, 2; bladder, 2; uterus, 2; ovaries, 2; vagina, 2; breasts or mammæ, 2; solar plexus, 2; mesentery, 2;

The *orifices* have each one large pole, viz:—Tongue, 1; larynx, 1; pharynx, 1; cardiac orifice of the stomach, 1; pyloric orifice do. 1; ileo-cæcal valve, 1; anus, 1.

The ganglions of vegetative life, or those connected with the great sympathetic nerve, including those of the solar plexus, have each one small pole.

The ganglions of phrenic life, or those of the brain and cerebellum, *e e*, fig. 29, including the olivary bodies, *i i*, and ganglions of the spinal nerves, *h h h*, have each one small pole.

Secreting system.—The lymphatic glands of this system, including those of the mesentery, have each one small pole, fig. 13, 14, 15, page 27, 28. These poles are alternately negative and positive, and not only secrete a fluid in these glands, but change its negative and positive character alternately, and at the same time attract the fluid secreted along the lymphatic vessels to the heart.

Excreting system.—There are no poles discovered in the mucous glands of the mucous membranes, or in the skin, in the somniscient state, but numerous nerves are seen to terminate in these membranes, and in the skin.

The convolutions of the brain, or phrenological organs have each one small pole.

NOTE K.—I have now (Sept. 30, 1842,) a case of tubercular disease of the *ovaria* of the right side, in a lady aged 27 years, in which the breast or mammæ of the left side is not half as large as that on the right side. I have now also a case of tubercular disease of the *ovaria* of the left side in a lady aged 20 years, in which the breast of the right side is not more than half as large as that on the left side. The disease in both of the cases commenced at the age of puberty, or the first appearance of the catamenia, and the first has terminated in dropsy. These symptoms which are the consequence of the direct magnetic connections between the breasts and the *ovaria*, and to which my attention has been directed by the discoveries of clairvoyants, are very important, as they will enable us to distinguish without difficulty, disease of the *ovaria* from that of the uterus.

CHAPTER XI.

PHRENOLOGY.

THE truth of the science of phrenology is fully confirmed by persons in the somniscient state. The change in the natural language depicted upon the countenance, expressive of different inclinations, when the different phrenological organs are excited in this state, are in many cases perfect and inimitable, and demonstrate in the clearest manner the plurality of the organs of the brain. These changes led Mr. Sunderland to suspect • the existence of small sympathetic poles in the muscles of the face connected with these organs, the truth of which was fully established by subsequent examinations of the subject, in which Messrs. Sunderland and Fowler in the examinations mentioned in the last chapter, traced these connections between these organs and small sympathetic poles in the muscles of the face, and disclosed the cause of the phenomena on which the science of physiognomy depends. They also traced the same kind of connection between the poles of the other organs of the body and small corresponding sympathetic poles in the muscles of the face, which gives a clue to a knowledge of the different temperaments of different individuals.

The influence existing between the poles of the organs, and these little sympathetic poles of the face, is more or less reciprocal, for the poles of the former are affected in a greater or less degree by exciting the latter.

The superior knowledge universally manifested by clairvoyants in the somniscient state, was very apparent soon after the above gentlemen commenced the examination of the phrenological organs of the Lady in this state, who knew little or nothing of phrenology in her natural waking state; for we were surprised to hear her giving lectures to Mr. Fowler, himself a distinguished phrenologist, on the character of the different organs, in which she displayed and demonstrated a knowledge of the science, which was apparently perfect, and in many cases cast Mr. Fowler's knowledge of the subject entirely in the shade.

On enquiring of her in her calm somniscient state, without any excitement of the organs, whether she knew any thing of the spirit which animates us, she answered "yes, it is the magnetic *spirit* which animates us, as well as every thing else."

This is the doctrine which was taught to those who were initiated in the greater mysteries in the Temples of the eastern nations according to Musæus, who had been *hierophant* or chief priest of a Temple at Athens, and who opens to us the hidden doctrine of perfection taught there, in these sublime words:

"First then, the divine *spirit* within sustains the heavens, the earth, and watery plains, the moon's enlightened orb, and shining stars; and the *eternal mind*, diffused through all the parts of nature, actuates the whole stupendous frame, and mingles with the vast body of the universe. Thence proceed the race of men and beasts, the *vital* principles of the flying kind, and the monsters which the ocean breeds under its smooth crystal plain."

On exciting the devotional organs, or those of veneration, (28, fig. 30,) marvelousness, (30,) and sublimity, (36) she passed into the extatic state, or that of a glorious prevision of the gorgeous scenery and resplendent light in heaven,—of its departed spirits and Elysian Fields, which she expressed in a tone of sincere and ineffable delight, accompanied with a harmonious natural language that defied imitation.

These previsions of the heavenly abodes of the just, were obtained in the ancient Pagan Temples after initiation, in the same manner they were obtained by this Lady, and are thus described by the divine Plato.

"But it was then lawful to survey the most splendid beauty, when we obtained together in that blessed choir, this happy vision and contemplation. And we indeed enjoyed this blessed spectacle together with Jupiter,* but others, in conjunction with some other god;† at the same time being initiated in those mysteries, which it is lawful to call the most blessed of all mysteries. And these divine orgies were celebrated by us, while we possessed the proper integrity of our nature, and were freed from the molestations of evil which awaited us in a succeeding period of time.‡ Likewise in consequence of this divine initiation, we become spectators of entire, simple, immoveable, and blessed visions, resident in a pure light; and were ourselves pure and immaculate and liberated from this surrounding vestment, which we denominate body, and to which we are now bound like an oyster to its shell."

Clairvoyants represent themselves to be pure and immaculate, and separated from the earthly body here below when inspecting the heavenly mansions above. Proclus in commenting upon this beautiful passage in the Phædrus, observes, in Theol. Plat. lib. 4, p. 193, "That initiation and inspection are symbols of ineffable silence, and of union with mystical natures, through intelligible visions!"

* That is the sun under the name of Jupiter.

† Solar influences under the names of Ceres and Proserpine in Athens, Castor and Pollux in Amphiſſa, Vulcan in Lemnos, Bacchus in Bœotia, Venus in Cyprus, &c. &c.

‡ The irruptions of the barbarians, and the destruction of their Temples.

On exciting the organ of number, (8,) this somniscient began to count the braids of her hair, and on removing the excitement from this organ, and exciting the organ (9,) she began to calculate by numbers, thus showing it to be the organ of calculation. On exciting the organ, (55,) she called for a bunch of flowers which she was anxious to smell, and on exciting the organ (56,) she exclaimed "I am thirsty, won't you give me some water," thus showing that the organ marked 55 is the organ of *smell*, and that marked 56 is the organ of *thirst*, which were unknown to phrenologists. The sense of hunger produced by exciting the organ of Alimentiveness (57) was so great as to require considerable force to prevent her from eating the flesh from her hands; and the sense of the ludicrous produced by exciting the organ of mirthfulness (20) was so great as to make it necessary to remove the excitement immediately to prevent her from laughing herself to death. About 55 new organs are supposed to have been discovered in this manner in the course of the examinations to which I have before alluded, and when added to those before known swells the whole number of these organs to about 90. This number, now very large, is said to have been increased by the discoveries of other persons.

MAGNETIC EXPERIMENTS IN ENGLAND.

PHRENOLOGICAL SOCIETY.

On Monday evening there was a full attendance of the members of this Society, at their Chambers in Exeter Hall.

The President, Dr. Elliotson, delivered a lecture upon the connection between Phrenology and Mesmerism. He said: I have always been scrupulously cautious in introducing the subject of Mesmerism at our meetings, on account of the difficulties opposed to it, and the prejudices existing against it in the minds of mankind; and I would not do any thing to create a difference of opinion in the society. But assertions have recently been made in public, and opinions have been promulgated in society, (and I see no reason against adopting them,) that Mesmerism could explain some of the most important principles of Phrenology. I was always aware of the connection between them, as Mesmerism relates to the whole of the nervous system, of which Phrenology explains one part. There is the less objection to my introducing the subject here at present, *as the Society for the Diffusion of Useful Knowledge, with Lord Brougham at their head, and four of my late colleagues at the London University Hospital, have now borne public testimony to the reality and usefulness of Mesmerism.* This they have done in the monthly number of the Penny Cyclopædia. What is more remarkable, they have borne their testimony just as strongly, and just to the same extent, as I have done in my Physiology, for I have said no more than that one person can influence another in various ways, without the will or consciousness of the person influenced; that so one person can send another to sleep, and again awaken the latter at pleasure; and that he would know nothing of what might happen in the interval. I have said that this can be done, not only without the knowledge, but even against the will. But I was at last compelled to admit more than this. I was compelled, from what I witnessed, to admit that persons thus influenced were rendered insensible to pain, even to that of severe burning, and of sharp surgical operations,—such as the in-

section of setons, and the removal of tumors. Yet to all these—mad as it must appear—I have been obliged to admit “vision without the eye.” Mad as it may appear, I have seen it in the most unequivocal manner in three cases, where the eyes were blindfolded with the utmost care.

But I have mentioned these things, gentlemen, more to smooth my way in relating occurrences of a more extraordinary nature which have happened in America. In the course of the last month, I have received a series of newspapers from America containing accounts of Mesmerism, from which it seemed that when an operator had reduced a patient to a state of stupor, he could excite the phrenological organs at will; that parts of the brain could be awakened and excited, and afterwards put to sleep again.

Dr. Elliotson then read from a New-York paper an account of numerous Mesmerophrenological experiments, which related a vast number of public experiments of similar nature, and with similar results. In each case, it is represented that the organs, as named by the Phrenologists, invariably manifested, under mesmeric influence, the functions attributed to them. The relations excited the greatest surprise in the meeting, and were listened to with deep attention. He then stated that whilst these things were proceeding in America, experiments precisely of the same character and effect were carried on in different parts of England, by gentlemen who knew nothing of the operations of each other, or of those going on in America. He had sent down copies of the American papers to Hampshire to Dr. Engledue, with a request that he would hand them to Mr. Gardiner, a gentleman of the highest respectability and learning, the son of Sir James Gardiner, an old member of this society. It happened, curiously enough, that when Dr. Engledue went over to Southampton, to give the package of papers (which he himself had not opened) to Mr. Gardiner, he found that gentleman, Mr. Mansfield and others, actually engaged in a set of experiments, which, on afterwards looking into the packet, they found to correspond exactly with those described in the American papers. Dr. Elliotson then read from the Hampshire Telegraph a long account of experiments by Mr. Gardiner, from which we can only make room for the following:—

“I asked the patient referred to, (a young lady ignorant of Phrenology,) when in the trance, with what part of the brain she kept a secret? She replied, ‘On the side of my brain.’ Upon asking her to point out the spot, she placed her finger exactly on the organ of secretiveness in my head. I placed my finger on her organ of secretiveness, when she said, ‘Yes, just where I am touching my head.’ In the trance she fancies the two movements are identical. Having asked her where she felt anger, she placed her finger upon my organ of destructiveness. I inquired—where she felt hunger; her finger rested on my organ of alimentiveness. I interrogated her as to the time; she was wholly unable to tell me. The idea then struck me that I might possibly enable her to estimate the hour by exciting the organ of time. With this view I rubbed the forehead gently at the required spot, exerting my volition to the utmost, of course; ‘Oh! that makes me feel so odd.’ I asked in what way? She replied, ‘It makes me know what time it is.’ She then told me the time with almost perfect accuracy. She would afterwards always estimate the lapse of time—intervals—with astonishing accuracy, upon my exciting the organ of time in her forehead. Her finger rubbed on my forehead produced invariably the same results. (This is true of all the organs.)

Upon my exciting her organ of tune in the same way, she said, ‘That makes me feel so very cheerful—it makes me like to hear some singing.’ I requested her to sing. She persisted in asserting her inability, until I energetically excited self-esteem, when she said, ‘I’ll try,’ and she forthwith hummed an air. When her organ of color was excited, she exclaimed with animation, ‘Oh, oh! I see green, yellow, purple, &c., such beautiful colors.’ If, when she was unable to distinguish an object clearly, I ex-

cited individuality, she instantly perceived it distinctly. In the trance she is never aware of her locality, until the proper organ is excited. Upon one occasion, I excited constructiveness, when she expressed a desire to make a cap model, which she executed upon being supplied with materials. The organ called wit or mirthfulness being excited, she very soon began to laugh involuntarily, although I steadily maintained my gravity. I continued the operation, which produced an increase in her mirth until she fell into a continuous *fit* of laughter, exclaiming as well as she could, 'I shall die of laughing.'

Upon exciting her organ of destructiveness, her whole aspect and tone gradually underwent the most marked change; the 'milk of human kindness' gradually turned to gall and venom; she pouted, frowned, threatened, stormed, clenched her fist, and finally became exasperated. Thinking I had gone far enough, I breathed on the organ with a view to reduce its activity, and she soon became calm, losing every symptom of anger.

The most beautiful results were elicited by exciting the organ of imitation. She commenced mimicking and imitating with extraordinary and ludicrous accuracy several peculiarities of her acquaintances and friends, not omitting my friend Mr. Mansfield and myself in the act of magnetizing. Suddenly, by the exercise of my whole energy, I paralyzed the organ, and instantly her power of imitation vanished. I re-excited the organ, when she immediately repeated her wonderful mimicry to our intense gratification."

In a letter to the same paper by Dr. Engledue, confirming the statements of Mr. Gardiner, the writer says—

"The discoverer of the true philosophy of man* was compelled to leave the land of his birth; and the philosopher of this country,† to whom we are indebted in a great measure for the promulgation of the remedial power of animal magnetism, was ejected from a college boasting of its liberal foundation, of its liberal professors, yet not possessing sufficient liberality to listen to the voice of truth."

After having read these extracts, the President stated that Mr. Atkinson, a member of the Society, who was then in the room had made similar experiments with the like success, of which he would read an account at the next meeting. His statements were confirmed by two other members then also present, Mr. Kirby and Mr. Nodin.

After a few words from these gentlemen in corroboration, and from Mr. Logan and other members, expressive of their curiosity, and of their conviction that the subject deserved attention and investigation, the meeting adjourned.—*London Phalanx*.

The commission appointed in 1831 by the French Royal Academy of Medicine, on Animal Magnetism, reported unanimously in favor of its importance in physiology, and as a therapeutical, or remedial agent in the cure of diseases. Its importance too in forming a true diagnosis and prognosis of disease will be very great in some obscure cases, for the last Lady, mentioned in the last chapter, has described, in the somniscient state, 10 cases of tubercular disease, successively, with great accuracy, as was demonstrated in each case by the magnetic symptoms.

The commission also suggested the propriety of confining the practice of Animal Magnetism to physicians, and Dr. Cutter, of New-Hampshire, who has great practical knowledge of the subject, says:—"I think it highly necessary for the magnetiser to be a person well acquainted with the causes and character of diseases, or that he should act under the direction of some person who has this knowledge."

The magnetiser should also have a knowledge of the number and situation of the poles of the organs; for it is these poles on which he acts—the action of which he increases or lessens by his manipulations.

* Dr. Gall.

† Dr. Elliotson.

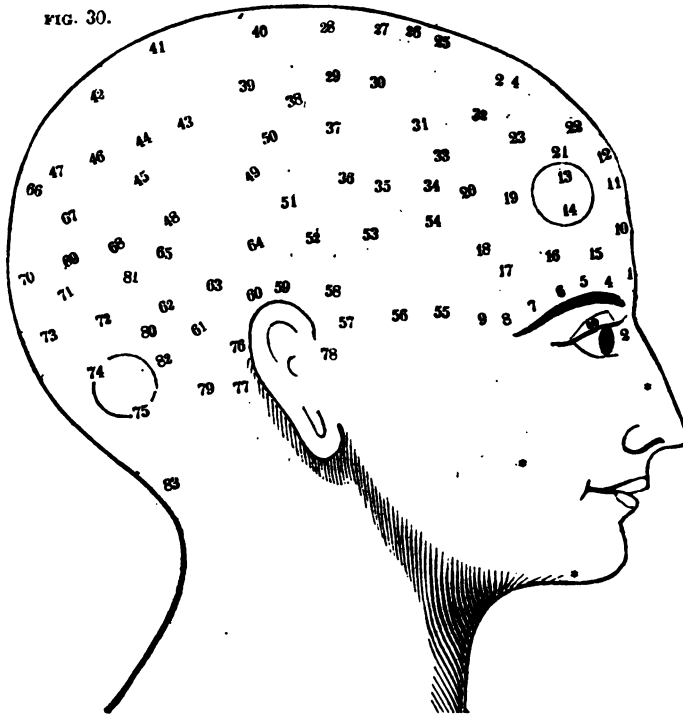
PHRENOLOGICAL ORGANS.

FIG. 30.

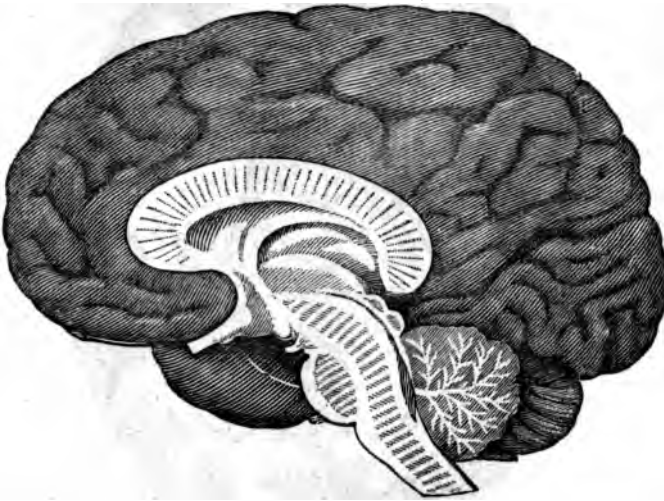
- | | |
|-------------------------------|---------------------------|
| 1. Individuality. | 43. Regard for Character. |
| 2. Form. | 44. Display. |
| 3. Language. | 45. Jealousy. |
| 4. Size. | 46. Fruitfulness. |
| 5. Weight. | 47. Concentrativeness. |
| 6. Color. | 48. Physical Fear. |
| 7. Order. | 49. Moral Fear. |
| 8. Number. | 50. Guardedness. |
| 9. Calculation. | 51. Union for Life. |
| 10. Eventuality. | 52. Money Making. |
| 11. Comparison of things. | 53. Economy. |
| 12. Do. of Ideas. | 54. Constructiveness. |
| 13. Causality. | 55. Smell. |
| 14. Planning. | 56. Thirst. |
| 15. Locality. | 57. Alimentiveness. |
| 16. Time. | 58. Retribution, Revenge |
| 17. Tune, Singing. | 59. Destructiveness. |
| 18. Musical Harmony. | 60. Anger. |
| 19. Wit. | 61. Resistance. |
| 20. Mirthfulness. | 62. Courage. |
| 21. Suavity. | 63. Tattling. |
| 22. Discernment of Character. | 64. Secretiveness. |
| 23. Flattery. | 65. Dislike. |
| 24. Kindness. | 66. Love of Home. |
| 25. Sympathy. | 67. Patriotism. |
| 26. Gratitude. | 68. Adhesiveness. |
| 27. Submission. | 69. Keep-Sakes. |
| 28. Veneration, Worship. | 70. Parental Love. |
| 29. Faith. | 71. Filial Love. |
| 30. Marvelousness. | 72. Connubial Love. |
| 31. Imitation. | 73. Love of Pets. |
| 32. Mimicry. | 74. Caressing. |
| 33. Sadness. | 75. Physical Love. |
| 34. Taste or Refinement. | 76. Love of Life. |
| 35. Ideality or Imagination. | 77. Dread of Death. |
| 36. Sublimity. | 78. Buffoonery. |
| 37. Cheerfulness. | 79. Motion of the Limbs. |
| 38. Hope. | 80. Organ of the Heart. |
| 39. Conscientiousness. | 81. Organ of the Lungs. |
| 40. Firmness. | 82. Organ of the Stomach |
| 41. Self-Esteem. | 83. Organ of Motion. |
| 42. Self-Will. | 84. Modesty. |

} Cautiousness.

FIG. 30.



There is yet, it would seem, much to learn in the science of Phrenology; for besides the organs in the convolutions on the external side of the brain, as seen in the above figure, there are many no doubt in the convolutions on the internal side, as will be seen in the following figure, representing the internal side of the right hemisphere of the brain.



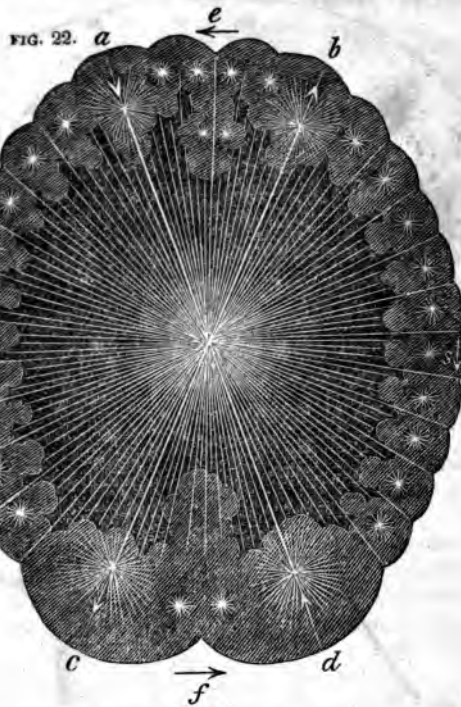


FIG. 24.

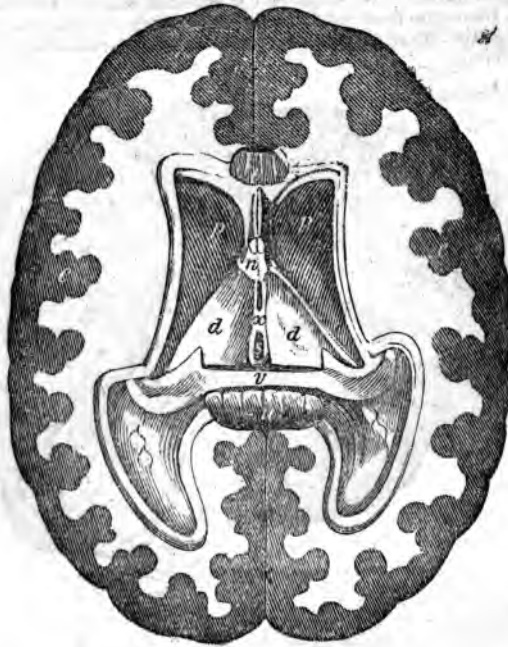


FIG. 23.

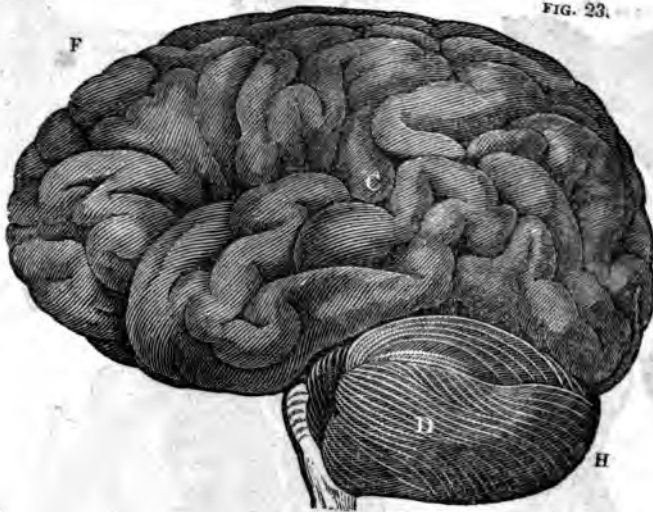


FIG. 28.

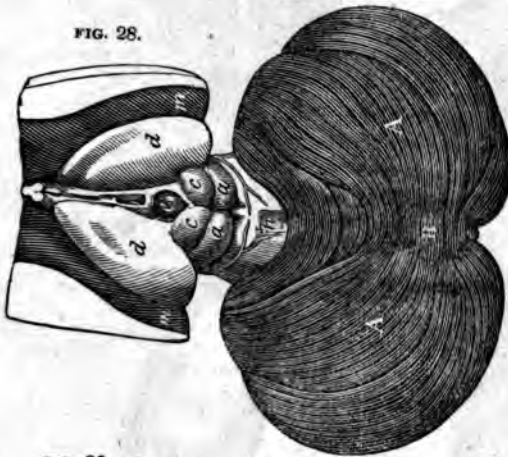


FIG. 25.

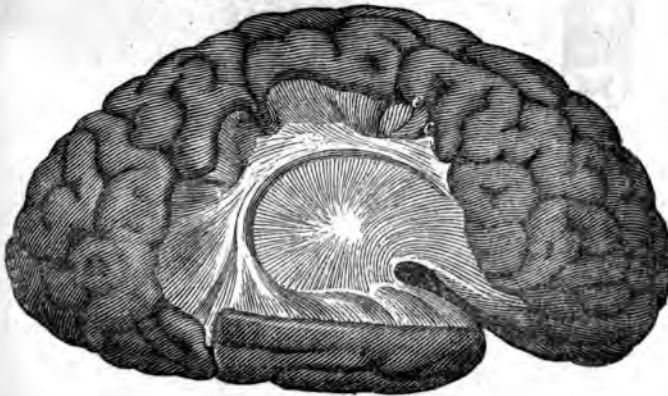


FIG. 26.

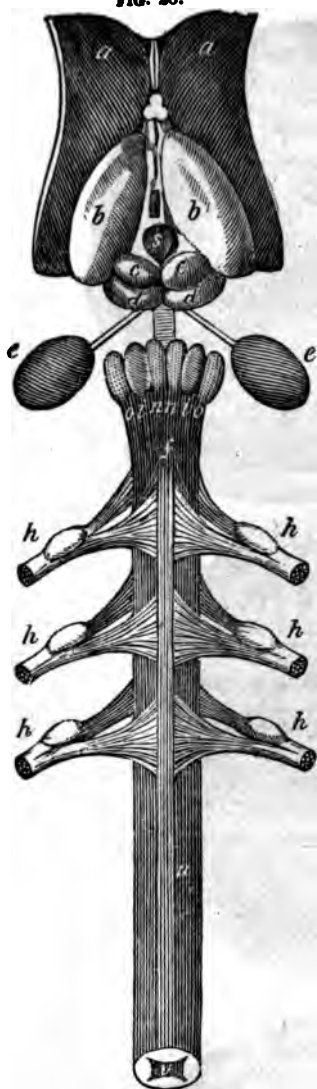


FIG. 29.



TUBERCULAR DISEASE OF THE ORGANS.

THERE are cases of tubercular disease of the organs of long standing, in which the reduction of the disease is sometimes very slow, as will be seen in the following case :

“PORTLAND, August 19, 1842.

“DOCT. SHERWOOD,

“*Dear Sir*—Having nearly closed the sales of the Magnetic Medicines you consigned to me last season, I now forward to you herewith a check for the amount, and solicit a further supply.

“I have the pleasure to inform you, that your medicines have now acquired a high reputation here, to which I think them justly entitled ; but I found it almost impossible for a long time to get them into use, and, indeed, I do not know as I should have succeeded at all but for the happy effects they have produced in my own family.

“I will give you a few facts in relation to the case. The patient is a sister of Mrs. Smith, and is now about twenty-six years of age. She has been sick seven years, and for the last six years of the time, was wholly confined to her bed. In the first place, her spine was considerably affected ; her heart was also diseased, as indicated by violent palpitation, alluded to in your book, under the similitude of churning, and attended with a sensation described by her as of a large substance rising in her stomach and throat, and distressing her at times almost to suffocation : her stomach was also diseased, as we suppose, from dyspepsia, insomuch that for several years she was wholly unable to taste bread or meat, or even gruel, without producing the most excruciating torture. During all this time her diet consisted almost exclusively of potatoes, being found to produce less distress than any other food. And, in addition to all these, she was much diseased also in the mesenteric system, or the womb, or some other organ in that region—her bowels became swollen to an unusual and alarming degree, and remained so constantly for over three years, during all which time she was unable to pass a drop of water except by means of an instrument. During the whole time of her sickness, she has been attended by some of our best physicians, but without any prospect of relief. You will readily imagine that her sufferings, under the circumstances of her case, were severe, but the extent of them cannot be appre-

ciated. On receiving your medicines, I immediately put her upon a course of them, and she took up two boxes, without any apparent change for the better, but I induced her, though reluctant, to persevere, and, soon after commencing the third box, she began to improve rapidly, and when she had finished it, she was able to sit up nearly all day, and to eat almost any kind of food without distressing her; the palpitation of the heart was gone; her spine was much better, and the swelling and distress in her bowels were wholly removed, and the evacuations of the body had become easy and natural. She took a part of the fourth box of pills, and then suspended them, about two months ago, and is now apparently quite recovered from those distressing affections under which she has so long suffered; she is yet troubled, however, with a degree of paralysis in one limb, which has attended her through all her sickness, but this also is gradually getting better, and we are in hopes that she will soon be quite well of that also. Her case is notorious here, and her cure is regarded as almost miraculous, and by means of it, a market has been made for the most of the medicine I have sold; and I am happy to learn, that several others who are taking the medicine, are improving wonderfully under its operation. I, therefore, wish, if agreeable to you, to be kept constantly supplied with the medicine, and will make remittances to you at any time you wish for all that may be sold.

“Meantime I remain, very respectfully,

“Your obedient servant,

“CHARLES B. SMITH.”

INDEX.

Preface	PAGES.
Introduction	5
Excreting system and motive power of the body	9
Secreting system and supporting power of the body	26
Galvanic and animal battery	32
Application of the motive power	40
Symptoms of chronic diseases	41
Cause of the symptoms	45
Tuberculated organs and limbs	45
Cause of the tuberculations	49
Natural remedies for chronic diseases	50
Repulsive force expands	50
Attractive force contracts	51
Alkalies—acids—chlorine—chlorides—bitumen and iron	52
Quantity of magnetic forces in matter—Mr. Faraday	54
Influence of magnetism on animals—Dr. Philip	54
Directions for using the magnetic remedies	55
Observations on the remedies in different cases	57
Cases	63
Tubercula of the lungs and other organs	63
Tubercula of the spine	69
M. Sanson's lecture on	94
Tubercula of the joints and limbs	101
Chemical properties of the secretions in Health and Disease, M. Donne,	34
Tubercular disease of the brain	38, 74, 80, 115
Do. do. M. Lugol's Lectures	116
Do. do. M. Louis' Memoirs	121
Do. do. M. Lisfranc	121
Sketches of French Surgery, by an American	121
Professor <i>Debreyne</i> and the Broussaian School	122
Professional Aphorisms	124
Physiology	125
Phrenology	139
Plates	145, 146, 147, 148
Glossary	

